

Case Number:	CM14-0030271		
Date Assigned:	07/16/2014	Date of Injury:	02/16/2005
Decision Date:	09/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41-year-old male who reported an injury on 02/16/2005 due to unknown mechanisms. The injured worker's diagnoses were degenerative disc disease at L5-S1 with persistent low back pain, left lower extremity radiculopathy with lumbar fusion status post removal of posterior hardware and revision decompression. The injured worker completed 12 out of 12 authorized physical therapy visits with 50% decrease in symptoms and improvement with strength, a trial of acupuncture with minimal benefit noted, and home exercise program. The injured worker's past surgical history include lumbar fusion dated 11/04/2009, an L4 and L5 laminectomy discectomy on 08/14/2006 and removal of hardware and lumbar back and decompression in 11/2012. On physical examination dated 05/21/2014, the injured worker had symptomatic low back and left lower extremity pain that was described as burning electrical pain that traveled down the left leg and was worsened by prolonged stand, walking and sitting. The injured worker had a positive straight leg raise on the left at 30 degrees. He experienced pain in both knees, currently left greater than right. There was tenderness to the lumbar paraspinal muscle with spasms. The lumbar spine range of motion flexion is at 50 degrees, extension at 10 degrees, and right and left lateral flexion at 10 degrees. There was tenderness over both knees, particularly over the medial joint line, currently pain greater on the left than the right. Examination revealed 4/5 strength in the EHL on the left and hypoesthesia in the left L5 dermatome as well as a positive straight leg raise. The injured worker also complained of having trouble of maintaining an erection. The injured worker's medications were Norco 10/325, Gabapentin and over-the-counter Aleve. Treatment plan was to continue Norco, AcipHex, and Gabapentin. The rationale for the requests was not submitted with documentation. The Request for Authorization Form dated 02/07/2014 was submitted with documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Dendracin lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Salicylate, Capsaicin Page(s): 28, 105, and 111.

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option. Topical analgesics are largely experimental with few trials to determine efficacy or safety. The advantage with topical analgesics is that the lack of systemic side effects, absence of drug interaction, and no need to titrate. The requested topical medication contains Benzocaine, Methyl Salicylate and Capsaicin. According to guidelines, Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. Methyl Salicylate topicals are recommended and are significantly better than a placebo in chronic pain. Examples are Bengay. However, the request failed to include the frequency of the proposed medicine as well as the body location to be applied to. The documentation also failed to provide the efficacy of the medication to support continuation. As such, the request for Dendracin lotion is not medically necessary.

Cialis 20 mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RXList.com.

Decision rationale: According to RXlist.com, Cialis is indicated for the treatment of erectile dysfunction as well as signs of symptoms of benign prostatic hyperplasia. The clinical information provided indicated the patient was complaining of difficulty obtaining and maintaining an erection in the 02/04/2014 and the 05/21/2014 office notes. There is lack of documentation that would indicate the efficacy of the medication to support continuation. There was lack of documentation as to the frequency provided in the request as submitted. The requested medication does not have any indication for chronic pain. As such, the request for Cialis 20 mg #10 is not medically necessary.

Left L5-S1 epidural steroid injection under fluoroscopic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines Epidural Steroid Injection.

Decision rationale: According to California MTUS epidural steroid injections is recommended as an option for treatment of radicular pain defined as pain in a dermatomal distribution with collaborative findings of radiculopathy. Guidelines recommend epidural injections for injured workers with radiculopathy documented on physical examination and corroborated around MRI. The criteria for use of epidural steroid injection, radiculopathy must be documented and injections should be performed using fluoroscopy live x-ray for guidance. The guidelines also recommended that the injured worker be initially unresponsive to conservative care. The injured worker had back pain that traveled down his left leg. Examination revealed 4/5 strength in the EHL on the left and hypoesthesia in the left L5 dermatome as well as a positive straight leg raise. There was evidence of physical therapy directed towards the lumbar spine. However, there was a lack of imaging and/or electrodiagnostic studies corroborating nerve root involvement to meet guideline criteria. The request of L5-S1 epidural steroid injection under fluoroscopic is not medically necessary.