MAXIMUS Federal Services

Case Number:	CM14-0049179		
Date Assigned:	06/25/2014	Date of Injury:	05/06/2009
Decision Date:	07/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/26/2014

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 35-year-old female who reported an injury on 05/06/2009. The mechanism of injury was not provided for clinical review. The diagnoses included degeneration of thoracic, thoracolumbar intervertebral disc, degeneration of lumbar, lumbosacral intervertebral disc, chronic pain syndrome, myalgia and myositis, lumbago, spasms of muscle, and symptoms of depression. Previous treatments include heat, ice, rest, medication, epidural steroid injection, TENS unit, and EMG/NCV. The medication regimen included MS Contin, Motrin, Neurontin, MagOx, ibuprofen, and Soma. Within the clinical note dated 04/14/2014, it reported the injured worker complained of low back pain and bilateral lower extremity pain. She rated her pain 5/10 in severity. The injured worker complained of muscle spasms. On the physical examination, the provider noted the injured worker had mild diffuse lumbosacral pain extending in the bilateral SI joints. There was moderate hypoesthesia noted on the posterolateral right leg to the right heel. The injured worker had a positive bilateral straight leg raise. The provider indicated the injured worker had mild diffuse tenderness from C7-L1. The provider noted that the muscle strength testing was 4/5 on the right and 5/5 in all of the other muscle groups. Sensation to light touch is intact in the bilateral lower extremities and bilateral upper extremities. The provider noted the injured worker had a lumbar epidural steroid injection dated 01/21/2014 at L4-5, which improved low back pain radiating into the legs as spasms by over 50% for 3 months. The provider requested Flector patch, a lumbar epidural steroid injection, and MS Contin. The Request for Authorization was submitted and dated 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector Patch #60 with 3 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Flector Patches.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, FlectorÂ® patch (diclofenac epolamine).

Decision rationale: The Official Disability Guidelines do not recommend the use of Flector patch as a first line treatment. The guidelines topical diclofenac, also known as Flector patch, is recommended for osteoarthritis after failure of an oral NSAID or contraindication to oral NSAIDs after considering the increased risk profile with diclofenac, including topical formulations. Flector patch is FDA indicated for acute strains, sprains, and contusions. In this case, there is a lack of documentation indicating the injured worker is treated for acute strain, sprain, or contusion. The clinical documentation submitted did not indicate whether the injured worker had tried and failed an oral NSAID, or had contraindication to oral NSAIDs. The guidelines do not recommend the use of Flector patch as a first line treatment. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. In addition, the request does not specify a treatment site. Therefore, the request for Flector Patch #60 with 3 refills is not medically necessary and appropriate.

Lumbar Epidural Steroid Injection. L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic, Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note that radiculopathy must be documented by a physician examination and corroborated by imaging studies and/or electrodiagnostic study testing, initially unresponsive to conservative treatment, exercise, physical methods, and NSAIDs and muscle relaxants. The guidelines note a second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 week to 2 weeks. There is a lack of significant findings of radiculopathy in the clinical documentation submitted, including decreased sensation, decreased reflexes, and decreased strength. Additionally, the prior electrodiagnostic studies completed in 2012 did not document any findings of radiculopathy. The clinical documentation submitted failed to provide the official imaging studies to corroborate the diagnosis of radiculopathy. Therefore, the request for Lumbar Epidural Steroid Injection. L5-S1 is not medically necessary and appropriate.

MS Contin 60mg #130: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid. The guidelines also recommend the use of the urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The injured worker had been utilizing the medication since at least 03/2012. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not provided in the documentation submitted. Therefore, the request for MS Contin 60mg #130 is not medically necessary and appropriate.