MAXIMUS Federal Services

Case Number:	CM14-0051783		
Date Assigned:	07/07/2014	Date of Injury:	01/31/2014
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/19/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 33 year old male with an original date of injury 1/31/14. This occurred while he was lifting heavy pallets. A progress note dated 2/7/14 noted patient to have 9/10 lower back pain. The progress note also noted the patient to have normal gait, normal sensation, and no weakness of the lower extremities. A progress note from 4/4/14 notes that patient complains of 5/10 lower back pain. There was also noted to be decreased power of the right lower extremity. An official MRI report dated 3/17/14 noted mild compression along the superior endplate of L4, likely chronic due to Schmorl's node, as no marrow edema is noted. An L3-L4 3 mm disc bulge extending to the bilateral foraminal exit zones was noted. This touches the thecal sac without causing central spinal canal stenosis. At L4-L5, a 6 mm left foraminal and lateral disc protrusion was noted. This appears to be touching the traversing left L4 nerve root, with moderate left foraminal narrowing. There is no central spinal canal stenosis at this level. At L5-S1 there is a 4 mm disc bulge with left central/foraminal/lateral focality. No central canal stenosis, but with moderate to severe left and mild right foraminal exit zone compromise. Compression of left S1 nerve root is suspected. EMG of the bilateral lower extremities was performed on 4/24/14 and was abnormal, consistent with bilateral lumbar radiculopathy. Physical examination at that time demonstrated S1 hyperesthesia and diminished lower extremity DTRs bilaterally. Diagnostic impression is lumbar spine compression fracture and lumbar strain/sprain. Treatment to date includes TENS, medication management, and physical therapy. A UR decision dated 4/10/14 denied a request for Lidopro Ointment 121 g, as dispensed. Topical analgesics are largely experimental in use. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The medical records to not endorse failures of trials of these first-line medications. It also denied a request for Omeprazole 20 mg #60, as dispensed. The medical records do not describe the patient to have GI issues. It also denied a request for Lumbar

epidural steroid injection at L4-L5 and L5-S1. It states that a detailed physical examination has not been provided for review, and that there is no description of failed conservative treatment, such as physical therapy. It also denied a request for Spine Surgeon Consult. It states that there are no objective findings to indicate specialist consultation at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 121g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Lidopro, which is an ointment that contains topical Lidocaine, is not recommended. Furthermore, topical analgesics are largely experimental in use. Therefore, the request for Lidopro Ointment 121g is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. However, the patient is at low risk for any GI complications from NSAID therapy. There is no documentation of any GI complaints in the medical record. Therefore, the request for Omeprazole 20 mg #60 is not medically necessary.

Lumbar Epidural Steroid Injection (LESI) at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: The California MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, California MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. The patient has documented evidence of persistent lower back pain, paresthesias in a dermatomal distribution, muscular weakness, as well as diminished lower extremity reflexes. There is also corroborating MRI and EMG abnormalities to support the diagnosis of radiculopathies of L4, L5, and S1. The patient has also already been treated with physical therapy and medications without significant improvement. Therefore, the request for a Lumbar Epidural Steroid Injection at L4-L5 and L5-S1 is medically necessary.

Spine Surgeon Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 - Independent Medical Examinations and Consultations page(s) 127, 156

Decision rationale: The California MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The patient indeed has findings of lumbar compression fracture, as well as MRI and EMG evidence of lumbosacral radiculopathy with corroborating symptoms and physical exam findings. However, there is no evidence that lower levels of care were exhausted, with a concurrent request for a lumbar epidural steroid injection deemed medically necessary. Therefore, the request for Spine Surgeon Consult is not medically necessary.