

Case Number:	CM14-0069679		
Date Assigned:	08/08/2014	Date of Injury:	10/18/2002
Decision Date:	09/11/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 California. 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:

According to the records made available for review, this is a 53-year-old male with a 10/18/02 date of injury. At the time (4/17/14) of request for authorization for 1 prescription for topical compound Ket/Cyc/Dic/Gab/Orp/Tet (dcdgot) 240mg and 1 Caudal Epidural Steroid Injection with catheter, there is documentation of subjective (moderate to severe low back pain radiating to both legs) and objective (tenderness over the lumbar paraspinals with moderate spasm, positive bilateral Faber test, positive bilateral straight leg raising test, and decreased pin prick and light touch sensation over the L5 dermatomal distribution) findings, current diagnoses (thoracic or lumbosacral radiculopathy, chronic pain due to trauma, and failed back surgery syndrome), and treatment to date (medications, trigger point injections, and 4 previous epidural steroid injections with the last one providing 50% relief for 5 weeks). Regarding Caudal epidural steroid injection, there is no documentation of pain relief for six to eight weeks following previous injection, as well as decreased need for pain medications and functional response.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for topical compound Ket/Cyc/Dic/Gab/Orp/Tet (dcdgot) 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medication; Gabapentin, Topical; Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral radiculopathy, chronic pain due to trauma, and failed back surgery syndrome. However, topical compound Ket/Cyc/Dic/Gab/Orp/Tet contains at least one component (Ketoprofen, Cyclobenzaprine, Orphenadrine, and Gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for topical compound Ket/Cyc/Dic/Gab/Orp/Tet (dcdgot) 240mg is not medically necessary.

1 Caudal Epidural Steroid Injection with catheter: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of thoracic or lumbosacral radiculopathy, chronic pain due to trauma, and failed back surgery syndrome. However, despite documentation of previous ESI with 50% pain relief for 5 weeks, there is no documentation of pain relief for six to eight weeks following previous injection as well as decreased need for pain medications and functional response. In addition, given documentation of 4 previous epidural steroid injection since 10/31/13, there is no documentation of more than 4 blocks per region per year. Therefore, based on guidelines and a review of the evidence, the request for 1 Caudal Epidural Steroid Injection with catheter is not medically necessary.