

Case Number:	CM14-0073888		
Date Assigned:	07/16/2014	Date of Injury:	09/01/2010
Decision Date:	09/16/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/21/2014

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:

The patient is a 55-year-old female who has submitted a claim for myelopathy, Herniated nucleus pulposus of the cervical spine, atypical lesion of the cervical spine, and right elbow arthralgia associated with an industrial injury date of September 1, 2010. Medical records from 2013-2014 were reviewed. The patient complained of neck, and right shoulder pain, rated 5/10 in severity. The pain radiates to the upper extremity characterized as numbness, right worse than the left. There was also increased cramping in the right hand. Patient had interlaminar epidural steroid injection in March 2013 which gave relief for 4 months. Physical examination showed tenderness of the cervical spine. Decreased range of motion was noted as well. Motor strength was 5/5 bilaterally. Sensation was intact. Spurling's test was positive causing pain to the trapezius. MRI of the cervical spine (undated) showed C6-C7 an annular concentric disc protrusion with a focal central component that flattens the anterior portion of the thecal sac and decreased anterior subarachnoid space with mild bilateral spinal and neural foraminal stenosis. Official reports of the imaging studies were not available. Treatment to date has included medications, physiotherapy, home exercise program, activity modification, and interlaminar epidural steroid injection. Utilization review, dated May 12, 2014, denied the request for repeat interlaminar epidural steroid injection C7-T1 because the amount of pain relief from previous injection was not quantified; and denied the request for LidoPro topical ointment because it contains components that are not recommended for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Lumbar Epidural Steroid Injection C7-T1: Upheld

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

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

Decision rationale: According to page 46 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. Guidelines do not support epidural injections in the absence of objective radiculopathy. In addition, repeat epidural steroid injection should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. In this case, the patient has persistent neck pain radiating to the bilateral upper extremities. Progress report dated March 21, 2014 state that previous interlaminar epidural steroid injection was done on March 2013 which gave about 4 months of pain relief. However, objective pain relief measures and evidence of functional improvement were not documented. Furthermore, there was no evidence that patient was unresponsive to conservative treatment. The guideline criteria have not been met. In addition, it seems that a typographical error was made on the above request because of conflicting levels as cited (lumbar vs. C7-T1). The request is ambiguous; therefore, the request for Repeat Lumbar Epidural Steroid Injection C7-T1 is not medically necessary.

LidoPro topical ointment: 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 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Lidocaine is not recommended for topical applications. In this case, patient has been using Lido-Pro for breakthrough pain since at least March 2014. However, there was no mention regarding the therapeutic indication for the use of this medication despite

not being recommended by guidelines. LidoPro lotion has components, i.e., lidocaine and capsaicin 0.0325%, that are not recommended for topical use. Also, the present request as submitted failed to specify the quantity to be dispensed. Therefore, the request for LidoPro topical ointment is not medically necessary.