

Case Number:	CM14-0075391		
Date Assigned:	07/16/2014	Date of Injury:	03/10/2012
Decision Date:	08/15/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 03/10/12 during an altercation while working as a police officer. He had neck, mid back, and low back pain, right shoulder pain, and headaches. MRI of the lumbar spine on 03/14/13 showed findings of multilevel disc bulging with moderate canal stenosis at L3-4 and mild to moderate L4-5 left neuroforaminal narrowing. An MRI of the thoracic spine was normal. An MRI of the cervical spine showed findings of multilevel disc desiccation and spondylosis. An MRI of the right shoulder showed findings of tendinitis and acromioclavicular arthritis. The patient was seen on 09/03/13 with low back pain radiating into the upper back and intermittently into the legs with occasional numbness and tingling. Physical examination findings included bilateral sacroiliac joint tenderness. There was normal lower extremity strength and sensation with negative straight leg raising with normal gait. He had findings of hyperreflexia and was referred for neurology evaluation. Office visit dated 12/02/13 for a pain management evaluation reported that the patient was having low back pain. Physical examination findings included normal lower extremity strength, sensation, and reflexes. There was normal gait and neural tension signs were negative. Office visit date 4/08/2014 reported that the patient had anxiety, depression, insomnia, and headaches. Medications were helping and providing 50% pain relief but caused GI upset. He had tried chiropractic care on his own with temporary benefit. He had complaints of neck, mid back, and low back pain and right shoulder pain. He was not having any radicular symptoms in the upper extremities. Prior testing had included EMG/NCS testing of both lower extremities in December 2012 which had been negative. Physical examination findings included buttock and thigh pain with straight leg raising and there was decreased lumbar spine range of motion. There was decreased cervical spine range of motion with scapular pain on Spurling's testing. There was right acromioclavicular joint

tenderness with mildly positive impingement testing and decreased shoulder range of motion. He was noted to have a slow gait attributed to low back pain. He was given permanent work restrictions and was unable to return to his prior occupation. Recommendations included a trial of TENS with a goal of becoming less dependent on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of TENS unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: A trial of TENS was requested with a goal of becoming less dependent on medications. In terms of TENS, although not recommended as a primary treatment modality, a one-month home-based TENS trial may be considered as a noninvasive conservative option. Indications include pain, inflammation, and muscle spasm and, if effective, can be performed independently by the patient. Low cost basic TENS units are available for home use and supplies such as electrodes can be reused many times. In this case, the claimant is now more than 2 years status post work-related injury. He continues to be treated neck, mid back, and low back pain and right shoulder pain and has anxiety, depression, insomnia, and headaches. When seen on 04/09/14 the patient had ongoing pain and was pursuing additional treatments on his own, specifically, chiropractic care. Therefore, a trial of TENS unit is medically necessary and appropriate.

Epidural injection and S1 Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis - Sacroiliac joint blocks.

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

Decision rationale: Criteria for the use of epidural steroid injections include radiculopathy documented by physical examination and corroborated by imaging studies or electrodiagnostic testing. In this case there are no findings on imaging or by electrodiagnostic testing that meet the criteria. Guidelines also recommend against sacroiliac joint injections for subacute or chronic nonspecific low back pain, including pain attributed to the sacroiliac joints, without evidence of inflammatory sacroiliitis (rheumatologic disease). In this case, there is no evidence by imaging or lab testing or by history of an inflammatory spondyloarthropathy. In terms of the injections requested, performing more than one type of injection at a single session is not consistent with

accepted practice. Multiple procedures serve only to confuse the claimant's clinical picture and do not help in clarifying the claimant's diagnosis or provide insight into his response to specific therapeutic interventions. Therefore, the request for an epidural steroid injection and S1 injection is not medically necessary and appropriate.

Menthoderm gel 120 grams 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), (2) Medications for chronic pain, (3) Topical Analgesics, pages 111-113 Page(s): 18-19 page 6 pages 111-113.

Decision rationale: Menthoderm gel is a combination of methyl salicylate and menthol. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Bengay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. MTUS addresses the use of Gabapentin recommending dose titrations of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Since the claimant has not had an adequate trial of Gabapentin, the Menthoderm gel 120 grams 4 oz is not medically necessary and appropriate.

Neurontin 300 mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs, Gabapentin Page(s): 18-19.

Decision rationale: Neurontin (Gabapentin) is recommended in the treatment of lumbar spinal stenosis as a trial. It has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated. An adequate trial with Gabapentin would include three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Therefore the request for Neurontin is medically necessary and appropriate.