MAXIMUS Federal Services

Case Number:	CM14-0089471		
Date Assigned:	07/23/2014	Date of Injury:	07/03/2013
Decision Date:	12/31/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 female who suffered an industrial related injury on 7/13/13. The injured worker reported pain with numbness and tingling to her legs after pushing a pallet with her foot. A physician's report dated 9/20/13 noted the injured worker complained of back pain and bilateral leg pain. The injured worker received anti-inflammatory medications and mild narcotic pain medications. The physical exam revealed no paraspinal muscle tenderness or spam on palpation from T1 to T12 bilaterally. There was no localized tenderness over the scapulae bilaterally and thoracic motion was normal and painless in all planes. Restricted range of motion in the lumbar spine was noted. Sensation and strength in all major muscle groups of bilateral lower extremities was reported to be normal. Gait was noted to be normal. A MRI of the lumbar spine taken on 8/21/13 noted changes of disc desiccation with preservation of disc height of L3-L4 with a 1mm predominantly central and left paracentral disc protrusion with underlying annual tear, very small bilateral facet joint effusions of L3-L4 and L4-L5, changes of disc desiccation with mild disc space narrowing L4-L5 with a 2.2mm right paracentral/central disc protrusion, changes of disc desiccation with preservation of height , and L5-S1 with a 2.2mm right paracentral/central disc protrusion. A physician's report dated 10/10/13 noted the injured worker received 8 sessions of physical therapy which was reported not to have helped the symptoms. The treating physician's report dated 6/9/14 noted the injured worker continued to have complaints of severe low back pain radiating into both legs. Physical exam findings included decreased lumbar spine range of motion with spams and tenderness to palpation. Positive sciatic notch tenderness was present bilaterally and bilateral positive straight leg raises were noted. The diagnoses were lumbar radiculopathy, herniation of multiple discs, and lumbar discogenic pain. The physician recommended one lumbar epidural steroid injection (LESI) at the L4-5 level in order to reduce inflammation, decrease pain, and restore function. Norco 5/325mg #60 was prescribed. The

physician noted the injured worker had failed conservative treatment including drug therapy, activity modifications, and physical therapy. On 6/5/14 the utilization review (UR) physician denied the request for a lumbar epidural steroid injection, Flexeril, Omeprazole, and Menthoderm. The UR physician noted in regards to the LESI that there is no documentation of any suggestion the symptoms are radicular rather than referred back pain and there is no clear indication for epidural injections in the lumbar spine in the information provided. In regards to Flexeril, the UR physician noted the injured worker had chronic low back pain but there was no documentation o f spasm as a result of an acute exacerbation and therefore there is no indication for Flexeril. In regards to Omeprazole, the UR physician noted the treating physician did not document the existence of any gastrointestinal problems of risk of the same therefore there is no indication for the Omeprazole. Finally in regards to Menthoderm, the UR physician noted the Medical Treatment Utilization Schedule guidelines do not support the use of topical analgesics and in addition the treating physician did not provide any rationale for the use of Menthoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral for LESI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to MTUS guidelines, epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short-term benefit; however, there is no significant long-term benefit or reduction for the need of surgery. Furthermore, the patient file does not document that the patient is candidate for surgery. In addition, there is no evidence that the patient has been unresponsive to conservative treatments. Furthermore, there is no recent clinical and objective documentation of radiculopathy including MRI or EMG/NCV findings. MTUS guidelines do not recommend epidural injections for back pain without radiculopathy. Therefore, lumbar epidural steroid injection is not medically necessary.

Flexeril (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommeded with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged

use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for FLEXERIL is not medically necessary.

Omeprazole (quantity not specified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastro duodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore, the prescription of Omeprazole is not medically necessary.

Menthoderm (quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Menthoderm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Menthoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Menthoderm is not medically necessary.