

Case Number:	CM14-0093620		
Date Assigned:	07/25/2014	Date of Injury:	03/16/2012
Decision Date:	08/28/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 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:

The patient is a 38-year-old male a date of injury of March 16, 2012. According to progress report June 4, 2014, the patient suffers from low back pain with sciatic symptoms. Overall, majority of his low back and lower extremity pain is mediated at the L5 and S1 levels. The patient elects to continue independent home exercises. Treater is requesting a guided select nerve root injection at L5 and S1 for pain relief and functional gain, and refill of medication ibuprofen 800 mg #60 with 1 refill and Pennsaid topical cream. Utilization review denied the request on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain, pages 60 - 61, Anti-inflammatory medications, page 22, and NSAIDs (non-steroidal anti-inflammatory drugs), pages 67 – 68.

Decision rationale: This patient is status post L5-S1 discectomy as of January 7, 2014. The patient was seen postoperatively in which the treater noted that patient was doing well and sciatica was resolved. On June 4, 2014, patient returned with complaints of low back pain with intermittent radiation down to his bilateral lower extremities. The treater is requesting a refill of ibuprofen 800 mg sixty count. For anti-inflammatory medications, the Chronic Pain Medical Treatment Guideline states anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted. This patient has been taking Ibuprofen since December 16, 2013. Although NSAIDs are indicated for chronic pain and in particular chronic low back pain, the treater does not provide a discussion regarding the efficacy of Ibuprofen in the reports from December 16, 2013 to June 4, 2014. The Chronic Pain Medical Treatment Guideline requires documentation of pain assessment and function when medications are used for chronic pain. The request for Ibuprofen 800 mg sixty count is not medically necessary or appropriate.

Pennsaid topical cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams(p111, chronic pain section) Page(s): 111.

Decision rationale: This patient is status post L5-S1 discectomy as of January 7, 2014. The patient was seen postoperatively in which the treater noted that patient was doing well and sciatica was resolved. On June 4, 2014, patient returned with complaints of low back pain with intermittent radiation down to his bilateral lower extremities. The treater is requesting Pennsaid NSAID (non-steroidal anti-inflammatory drug) topical cream. Pennsaid is an NSAID. The Chronic Pain Medical Treatment Guidelines regarding topical creams under chronic pain section states that topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Topical NSAID is recommended for peripheral joint arthritis and tendonitis pain. This patient does not meet the indication for this medication as he has chronic low back pain. The request for Pennsaid topical cream is not medically necessary or appropriate.

Left selective nerve root block at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The Medical Treatment Utilization Schedule has the following regarding ESI's, under its chronic pain section: Page 46,47 Page(s): 46, 47.

Decision rationale: The patient was seen postoperatively in which the treater noted that patient was doing well and sciatica was resolved. On June 4, 2014, patient returned with complaints of low back pain with intermittent radiation down to his bilateral lower extremities. The Chronic Pain Medical Treatment Guidelines recommends ESI's for a clear diagnosis of radiculopathy that require a dermatomal distribution of pain/paresthesia, confirmed via examination findings as well as imaging studies. In this case, the patient is status post L5-S1 discectomy on January 7, 2014. The patient presents with back pain with intermittent radiation down to the bilateral

lower extremities. There is no recent MRI to corroborate patient's lower extremity pain. There is only an MRI from March 26, 2013 which is from prior to patient's fusion. The patient's leg symptoms are not described in a dermatomal distribution to suggest radiculopathy. Finally, the current request is for 3 level injections and the Chronic Pain Medical Treatment Guidelines only allow up to two level injections for transforaminal approach. The request for left selective nerve root block at L5-S1 is not medically necessary or appropriate.

