

Case Number:	CM14-0094280		
Date Assigned:	07/25/2014	Date of Injury:	07/14/1990
Decision Date:	09/09/2014	UR Denial Date:	06/11/2014
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 and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45 year old female was reportedly injured on July 14, 1990. The mechanism of injury was a lifting type event. The most recent progress note, dated July 28, 2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated tenderness to palpation of the lumbar region of the spine, a reduced range of motion of the lumbar spine, positive straight leg raising, and a positive Patrick's test. Diagnostic imaging studies objectified degenerative disc disease, disc desiccation, and facet joint disease at multiple levels. Previous treatment included multiple medications, conservative care, and pain management interventions. A request was made for epidural steroid injection and other medications and was not certified in the preauthorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 right L5-S1 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 46 OF 127.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), an epidural steroid injection is recommended as an option to treat radicular pain when there is cooperation with electrodiagnostic findings. The physical examination noted low back pain and complaints into the lower extremity. The MRI noted multiple level degenerative changes, but there is no objectification of nerve root encroachment or cooperative findings of radiculopathy. Electrodiagnostic studies are pending. Therefore, based on the clinical information presented for review, one right L5-S1 transforaminal epidural steroid injection is not medically necessary.

Prospective request for 1 prescription of Zipsor 25 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents (NSAIDs) Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111, 112, OF 127.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID) indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Outside of the treatment of osteoarthritis, there's no other clinical indication for the use of this medication. There is no documentation of osteoarthritis in the clinical notes provided. As such, Zipsor 25 mg #120 is not medically necessary.

Prospective request for 1 prescription of Pepcid 40 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 67-68 OF 127.

Decision rationale: This medication is an over the counter preparation of a histamine H2 receptor antagonist used to address gastritis. The progress notes reviewed did not indicate any complaints of gastrointestinal distress, symptomatology or any other indicator that would establish the medical necessity of this medication. Such as, Pepcid 40 mg #60 is not medically necessary.

Prospective request for 1 prescription of Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 56 OF 127.

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is indicated for the localized peripheral pain associated with a neuropathic lesion. When noting the findings of MRI, and the lack of electrodiagnostic evidence, there is no clinical indication of a neuropathic pain lesion. As such, this would obviate the need for this type of topical preparation. Therefore, based on the clinical information presented for review and by the parameters outlined in the MTUS, Lidoderm 5% #30 is not medically necessary.

Prospective request for 1 prescription of Zipsor Diclofenac 25 mg #120:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zipsor (diclofenac potassium).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Voltaren is a non-steroidal anti-inflammatory drug (NSAID) indicated for the relief of osteoarthritic pain of the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip, or shoulder. Outside of the treatment of osteoarthritis, there's no other clinical indication for the use of this medication. There is no documentation of osteoarthritis in the clinical notes provided. As such, Zipsor Diclofenac 25 mg is not medically necessary.