

<b>Case Number:</b>	CM13-0008166		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old male sustained a work related injury on 08/06/2012. The injury occurred while taking heavy spools of electrical wire down a step ladder when he missed a step then started to develop back and leg pain. Physical therapy notes submitted for review included 22 sessions between the dates of 01/22/2013 - 04/12/2013. According to a progress report dated 06/13/2013, the injured worker continued to complain of low back, bilateral buttock and leg pain. Physical examination revealed spasms of the lumbar spine. Range of motion revealed 40 degrees of flexion and 10 degrees of extension. Straight leg raise was positive for back, buttock and leg pain. According to the provider a CT scan of the lumbar spine showed spondylolisthesis at L3-4 with foraminal stenosis. There was a pars defect at L3-4. Imaging reports were not submitted for review. Diagnosis included Spondylolisthesis, L3-4, not responsive to physical therapy and medications. Treatment plan included recommendation for lumbar epidural steroid injections, Ultram, Soma and Ketoprofen, Gabapentin and Lidocaine Cream. According to the provider, if the epidural injections fail to resolve the injured worker's symptoms, he would be a candidate for surgery for an anterior and posterior decompression and fusion, L3-4. The injured worker was temporarily totally disabled from 06/13/2013 thru 07/30/2013. According to a progress report dated 07/16/2013, the injured worker complained of low back and leg pain. Physical examination revealed spasms of the lumbar spine. Range of motion revealed 40 degrees of flexion and 10 degrees of extension. Straight leg raise was positive for back, buttock and leg pain. Ankle dorsiflexors and plantar flexors, quadriceps and iliopsoas were 5/5. Diagnoses included lumbar radiculitis and Pars defect L3-4. Ketoprofen and Gabapentin cream were

helping him according to the notes. Treatment plan also included Soma, Ultram, Naprosyn, Prilosec, urine toxicology and recommendation for lumbar epidural injections. The injured worker was temporarily totally disabled thru 08/30/2013. On 07/31/2013, Utilization Review non-certified Bilateral Lumbar Epidural Injection L3-4, L5-S1 and Ketoprofen Cream. The request was received on 07/26/2013. According to the Utilization Review physician in regards to Ketoprofen Cream, this is a nonsteroidal anti-inflammatory but it is not supported by the FDA or MTUS for topical use. There was also no support for concurrent use of both oral and topical nonsteroidal anti-inflammatories which can increase the risk of side effects. In regards to the Bilateral Lumbar Epidural Injection, given the current clinical presentation, MTUS guidelines would not support the request. Guidelines cited for this review included MTUS Chronic Pain Medical Treatment Guidelines Epidural Steroid Injections page 46 and Topical Analgesics. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BILATERAL LUMBER EPIDURAL INJECTION L3-L4, L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections [ESIs] Page(s): 46-47.

**Decision rationale:** The patient is a 41 year-old male with an 8/06/2012 date of injury. The 7/16/13 orthopedic report states the patient presents with low back and leg pain. Exam shows SLR positive for back and buttock pain. Lower extremity strength is 5/5. Diagnoses: lumbar radiculitis; pars defect L3/4. The plan was for a lumbar epidural injection. Ketoprofen and gabapentin creams are reported to be helping. There were no imaging reports or electrodiagnostic studies provided for review. MTUS Chronic Pain Treatment Guidelines, section on Epidural steroid injections [ESIs] page 46 states these are, recommended as an option for treatment of radicular pain [defined as pain in dermatomal distribution with corroborative findings of radiculopathy]. The MTUS Criteria for the use of Epidural steroid injections states: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The available medical reports from 1/30/13 through 7/16/14 do not identify radicular pain in a dermatomal distribution; and there are no imaging studies or electrodiagnostic studies provided for review. Based on the available medical reports, the MTUS criteria for a lumbar epidural injection has not been met. The request for Bilateral Lumbar Epidural Injection, L3-L4, L5-S1 IS NOT medically necessary.

#### **KETOPROFEN CREAM: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient is a 41 year-old male with an 8/06/2012 date of injury. The 7/16/13 orthopedic report states the patient presents with low back and leg pain. Ketoprofen and gabapentin creams are reported to be helping. MTUS chronic pain medical treatment guidelines, pages 111-113, for Topical Analgesics states: Ketoprofen: This agent is not currently FDA approved for a topical application. The use of topical ketoprofen is not in accordance with MTUS guidelines. The request for Ketoprofen cream IS NOT medically necessary.