

Case Number:	CM14-0188699		
Date Assigned:	11/19/2014	Date of Injury:	02/26/2007
Decision Date:	01/15/2015	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/12/2014

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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 injured worker sustained a work-related injury on February 26, 2007. A request for a referral to pain management for a cervical spine epidural steroid injection, for a topical medication consisting of Tramadol 8%, Gabapentin 10%, Menthol 2% and Camphor 2% and for Flurbiprofen 20% was noncertified in Utilization Review (UR) on October 10, 2014. The UR physician determined that with respect to the request for the referral to pain management for a cervical spine epidural steroid injection, the guidelines recommend that evidence of clinical root radiculopathy be corroborated by either imaging or by electrodiagnostic confirmation radiculopathy. The UR physician found no imaging or electrodiagnostic reports included in the medical documentation submitted for review which could have confirmed the diagnosis of radiculopathy. The UR physician determined that the injured worker did not satisfy the guidelines criteria for epidural steroid injection and found no reason for certification of the request for a referral to pain management for a cervical epidural. With respect to the request for the topical medication consisting of Tramadol 8%, Gabapentin 10%, Menthol 2% and Camphor 2% and for the request for Flurbiprofen 20%, the UR physician determined there was no documentation provided to support that the injured worker failed a trial of oral antiepileptics and antidepressants which would support the use of topical analgesics. In addition, the UR physician found that the guidelines do not recommend the use of topical gabapentin and the guidelines indicate that if one ingredient in a compounded product is recommended for non-certification then the entire product cannot be certified. A request for independent medical review was initiated on November 3, 2014. A review of the medical documentation submitted for independent medical review included a physician's evaluation on June 19, 2014. The evaluating physician documented that the injured worker complained of constant pain in her neck and lower back. The evaluating physician did not reference previous imaging of the cervical or the lumbar

spine. The documentation provided included a surgical center report of bilateral L4-5, L5-S1 facet joint injections and sacroiliac trigger injections to treat the injured worker's lumbar spine pain. A physician's note dated September 25, 2014 indicated the injured worker complained of frequent pain in her eyes, constant pain in her neck and constant pain in her lower back. The injured worker described the pain in her back as throbbing and aching. She rated her neck pain as a nine (9) on a ten-point scale. Symptoms associated with the neck pain include numbness and tingling in the arms and fingers and headaches. The injured worker described her low back pain as shooting and piercing. Her pain was rated a nine (9) on a ten-point scale. Symptoms associated with the low back pain include numbness and tingling in the legs and cramping in the right side of her back. Previous treatment modalities included a series of lumbar epidural steroid injections and that those procedures helped to restore the ability to function in the low back and reduced her pain by twenty-five (25) percent. On examination the injured worker normal reflexes in the biceps, triceps, and brachioradialis. She experienced sensory deficits in the right upper extremity. There is no documentation of imaging of the cervical spine. The injured worker's lumbar spine examination revealed normal reflexes in the knees, hamstrings and ankles. The injured worker had noted sensory and motor deficits of the right and left hips and groin. There was no documentation of imaging of the lumbar spine. Diagnoses associated with the examination included headache, right shoulder sprain, psychosis, sleep disturbance, lumbar spine disc bulges, cervical spine degenerative disc disease and cervical spine disc bulges. The evaluating provider recommended a pain management referral to evaluate for cervical spine epidural injections, pain medication and a cervical pillow. The injured worker work status was defined as temporary total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Pain Management for Cervical Spine Epidural Steroid Injections (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Office Visits

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

Decision rationale: Chronic Pain Medical Treatment guidelines recommend epidural steroid injections as an option for treatment of radicular pain in a dermatomal distribution with corroborative findings of radiculopathy. This must be documented by exam, imaging, and electrodiagnostic evidence. The documentation does not include such evidence. In light of the above guideline requirements are not met and the request for Pain Management for Cervical Spine Epidural Steroid Injections (ESI) is not medically necessary.

Tramadol 8% Gabapentin 10% Menthol 2% Camphor 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound Drugs

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

Decision rationale: The guidelines do not recommend a compounded product that contains at least one drug that is not recommended. Gabapentin is not recommended for topical use. As such the compounded product containing Tramadol, Gabapentin, Menthol and Camphor is not recommended per guidelines and is not medically necessary.

Flurbiprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Compound Drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-Steroidal Anti-Inflammatory Agents Page(s): 111, 112.

Decision rationale: The only FDA approved topical NSAID is Diclofenac. Flurbiprofen is not approved for topical use. Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) is not recommended for long term use in neuropathic pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. There is no evidence to support the use of topical NSAIDs in neuropathic pain. As such the request for Flurbiprofen 20% is not supported; therefore, the request is not medically necessary.