

Case Number:	CM14-0190366		
Date Assigned:	11/21/2014	Date of Injury:	09/08/2009
Decision Date:	09/21/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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: Preventive Medicine, Occupational Medicine

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 is a 43-year-old male, who sustained an industrial injury on September 8, 2009. He reported injury to his left hand and left shoulder. The injured worker was currently diagnosed as having cephalgia and blurred vision, cervical spine sprain and strain with radiculopathy, left shoulder avulsion injury with possible tear, status post crush injury left upper extremity, reflex sympathetic dystrophy left upper extremity, early signs of reflex sympathetic dystrophy right upper extremity, thoracolumbar sprain strain, depression, anxiety, difficulty sleeping and abdominal pain. Treatment to date has included diagnostic studies, medication, psychiatric treatment, physical therapy and injections. His current pain medication regimen was noted to improve pain and function. He continues to note benefit from a previous left L5-S1 epidural steroid injection. The injection provided 50% improvement in symptoms. On May 19, 2014, the injured worker complained of headaches, neck pain, bilateral shoulder pain, chest pain, right arm pain, low back pain, depression, sleep difficulty and stomach irritation secondary to medication intake. The treatment plan included medications, random urine drug screening, psychiatric therapy re-evaluation, CPAP machine and a follow-up visit. On November 3, 2014, Utilization Review non-certified the request for prospective use of Miralax 71g 8oz #527g, prospective use of Laxacin 50 8, 6mg #120, prospective use of Ketoprofen Gabapentin Lidocaine #240g and left L5-S1 epidural steroid injection under fluoroscopic guidance, citing California MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 71g/8oz #527g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment Section.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is not noted be treated with opioid medications, and there is no evidence of reported problems with constipation. The request for Miralax 71g/8oz #527g is determined to not be medically necessary.

Laxacin 50/8. 6mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Section Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioid-Induced Constipation Treatment Section.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is not noted be treated with opioid medications, and there is no evidence of reported problems with constipation. The request for Laxacin 50/8.6mg #120 is determined to not be medically necessary.

Ketoprofen/Gabapentin/Lidocaine #240g: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. These guidelines report that topical ketoprofen is not FDA approved, and is therefore not recommended by these guidelines. The MTUS Guidelines do not recommend the use of topical gabapentin, as there is no peer-reviewed literature to support use. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical

formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. As at least one of the medications in the requested compounded medication is determined to not be recommended by the established guidelines, the request for Ketoprofen/Gabapentin/Lidocaine #240g is determined to not be medically necessary.

Left L5 S1 epidural steroid injection under fluoroscopic guidance: Overturned

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

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

Decision rationale: Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment. 3) Injections should be performed using fluoroscopy for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. 8) No more than 2 ESI injections. In this case, the injured worker has had a previous ESI with reported 50% improvement that lasted for 6 months. Repeat ESI is warranted at this time. The request for left L5 S1 epidural steroid injection under fluoroscopic guidance is determined to be medically necessary.