

Case Number:	CM14-0197513		
Date Assigned:	12/05/2014	Date of Injury:	03/11/2013
Decision Date:	01/28/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Anesthesiology, has a subspecialty in Pain medicine and Acupuncture 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:

Injured worker is a 43 year old female with date of injury 03/11/2013. Date of UR decision was 11/12/2014. She fell backwards, hitting the ground on her left hip when changing a fluorescent light bulb while standing on a six-foot ladder. She underwent physical therapy sessions, lumbar epidural steroid injections and medication management. Per report dated 11/14/2014, the injured worker presented with low back pain radiating into bilateral hips and her left lower extremity. Examination of lumbar spine demonstrated slowed wide based gait, she was unable to perform toe walk on the left, heel walk completed with lower back pain. On range of motion of the lumbar spine, she experienced pain with forward flexion to 45, pain with extension to 10%, pain with side bending toward the right at 15 and toward the left at 10%. She had myospasm with myofascial trigger points and referred pain with twitch response at bilateral lumbosacral paraspinous regions. There was also diminished sensation in L5 and S1 distributions bilaterally. She was diagnosed with Lumbar Degenerative disc disease with radiculopathy, Lumbar myospasm, and Lumbar herniated nucleus pulposus with 6 mm disc protrusion encroaching on S1 nerve root and Trochanteric Bursitis of left hip. The treating provider recommended left L5 and left S1 Transforaminal lumbar epidural steroid injection to treat the inflammatory component of her lumbar pain radiating into the left lower extremity. She was provided with a left Greater Trochanteric Bursa Injection with Ultrasound guidance at that visit and the medications including Tramadol, Gabapentin, Tizanidine, and Cyclobenzaprine were continued. Per progress report dated 07/31/14 indicates that the injured worker presented with complaint of continued low back pain with radiation into the thigh. Examination of the lumbar spine revealed restricted range of motion and a positive straight leg raise on the left with a decreased ankle jerk. MRI revealed a 6mm disc herniation at L5-S1. The provider recommended a single caudal lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100% 81g #1: 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): 113.

Decision rationale: Per MTUS page113 with regard to topical Gabapentin: "Not recommended. There is no peer-reviewed literature to support use." Therefore, the requested medication is not deemed medically necessary and appropriate.

Flurbiprofen 180g #1: 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): 112.

Decision rationale: Per MTUS with regard to Flurbiprofen (page112), "(Biswal, 2006) these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." The documentation contains no evidence of osteoarthritis or tendinitis. Flurbiprofen is not indicated.