MAXIMUS Federal Services

| Case Number: | CM15-0105769 | | |
|---|---|---|---|
| Date Assigned: | 06/10/2015 | Date of Injury: | 03/26/2014 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/08/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

## 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: Arizona, Michigan
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:

This 52 year old female sustained an industrial injury to the low back on 3/26/14. Previous treatment included magnetic resonance imaging, epidural steroid injection, physical therapy and medications. Magnetic resonance imaging showed L4-5 herniated nucleus pulposus with stenosis. In a supplemental report dated 3/30/15, the injured worker reported getting 50% relief of pain for two to three weeks following lumbar epidural steroid injection at left L4-5 on 10/28/14. In a PR-2 dated 4/24/15, the injured worker complained of constant low back pain, rated 7-8/10 on the visual analog scale, with radiation to the left lower extremity associated with numbness and tingling. Physical exam was remarkable for tenderness to palpation over the tailbone area, limited lumbar spine range of motion, positive bilateral straight leg raise, Braggard's and Bowstring's tests, bilateral lower extremity motor weakness and sensory deficit over the bilateral L5 and S1 distribution. The injured worker ambulated with a slow and guarded gait. Current diagnoses included L4-5 herniated nucleus pulposus with stenosis and ligamentum flavum hypertrophy with left lower extremity radiculitis and radiculopathy. The treatment plan included a second high volume lumbar epidural steroid injection at left L4-5, topical compound creams (Flurbiprofen Cream20 Percent 120 Gram, Keto/Keta 20 Percent/10 Percent 120 Gram and Gaba/Cyclo/Caps 10 Percent/10 Percent/.375 Percent 120 Gram) and a prescription for Ultracet.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 113.

**Decision rationale:** The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long terms users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. However, a review of the injured workers medical records that are available to me does not reveal documentation of improvement of pain and function as required by the guidelines and without this information medical necessity is not established.

**Flurbiprofen Cream20 Percent 120 Gram:** Upheld

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

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed therefore the request for Flurbiprofen Cream 20 Percent 120 Grams is not medically necessary.

**Keto/Keta 20 Percent/10 Percent 120 Gram:** Upheld

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

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, the rationale for the use of multiple topical agents that are not supported by the guidelines without documentation of pain or functional improvement is also not clear, therefore the request for Keto/Keta 20 Percent/10 Percent 120 Gram is not medically necessary.

**Gaba/Cyclo/Caps 10 Percent/10 Percent/.375 Percent 120 Gram:** Upheld

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

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

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, the rationale for the use of multiple topical agents that are not supported by the guidelines without documentation of pain or functional improvement is also not clear, therefore the request for Gaba/Cyclo/Caps 10 Percent/10 Percent/.375 Percent 120 Gram is not medically necessary.

**Second High Volume Lumbar ESI at Left L4-5:** Upheld

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

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

**Decision rationale:** Per the MTUS, Epidural Steroid Injections are recommended as an option for the treatment of radicular pain. The purpose of the ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs and avoiding surgery. The treatment alone offers no significant long-term functional benefit. 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. A review of the injured workers medical records revealed that she has 50% relief for 2-3 weeks with previous ESI. She does not appear to have had an adequate response to the ESI and does not meet the criteria for repeat blocks, therefore the request for Second High Volume Lumbar ESI at Left L4-5 is not medically necessary.