

Case Number:	CM15-0141068		
Date Assigned:	07/30/2015	Date of Injury:	06/14/2011
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 60 year old male who sustained an industrial injury on 6-14-11. Diagnoses are status post 3 right leg surgeries and lumbar radiculopathy. In a progress report dated 6-4-15, the treating physician notes pain has increased on the left side of the low back and activity level continues to be limited by pain. The injured worker reports persistent low back pain rated at 6 out of 10 and neck pain rated at 3 out of 10. Current medications are Norco, Neurontin, Naproxen, Ibuprofen, Prilosec, and Ketapofen Cream. CURES done on 7-1-14 is consistent with history. The injured worker reports the medications help decrease his pain by more than 75% temporarily and if he did not use the medication, he would not be able to work. His gait is mildly antalgic. There is tenderness to palpation of the lumbar spine with spasms and decreased range of motion in all planes. Hyperesthesias of the right L4, L5, and S1 dermatomes are noted. Previous treatment includes at least 24 visits of physical therapy with relief, 4 visits of chiropractic treatment, right leg fasciotomy on 6-15-11 as well as skin grafting of the right leg, and lumbar and thoracic MRI's. He continues working full duty. The requested treatment is a right L4-L5 transforaminal epidural injection and CM3 Ketapofen Cream 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 transforaminal epidural injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309, Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Epidural steroid injection.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, right L4 - L5 transforaminal epidural steroid injections are not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatories and muscle relaxants); 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 6 to 8 weeks etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response. etc. See the guidelines for details. In this case, the injured worker's working diagnoses are status post three right leg surgeries; and lumbar radiculopathy. The date of injury is June 14, 2011. The request for authorization is June 4, 2015. Injured worker has a history of right leg fasciotomy. According to a progress note dated June 4, 2015, the worker has low back pain 6/10 that radiates to the right lower extremity. Medications include Norco 10/325 mg, naproxen, ibuprofen, Prilosec and ketoprofen 20% cream. The topical analgesic first appeared in the April 9, 2015 progress note. The injured worker received 24 physical therapy sessions. Objectively, there is tenderness to palpation over the lumbar paraspinal muscle groups. The product was no documentation indicates hyperesthesias of the right L4, L5 and S1 dermatomes. Motor function was grossly normal. The utilization review indicates there was sensory deficits or small dermatomes including L4, L5 and S1. The documentation indicates the injured worker had a history of right leg trauma and burns that require skin grafting and distal leg fasciotomy. The guidelines indicate they should be clear demonstration of radiculopathy with corroboration with imaging studies and/or electrodiagnostic testing. MRI noted caudal right neural foraminal narrowing and moderate left neural foraminal narrowing with contact of the exiting left L4 nerve root. Consequently, absent clinical documentation with clear objectives evidence of radiculopathy with corroboration by magnetic resonance imaging and/or electrodiagnostic testing and prior right leg fasciotomy, right L4 - L5 transforaminal epidural steroid injections are not medically necessary.

CM3 Ketoprofen cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal antiinflammatory agents, Ketoprofen.

MAXIMUS 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 section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, CM3-ketoprofen 20% is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are status post three right leg surgeries; and lumbar radiculopathy. The date of injury is June 14, 2011. The request for authorization is June 4, 2015. Injured worker has a history of right leg fasciotomy. According to a progress note dated June 4, 2015, the worker has low back pain 6/10 that radiates to the right lower extremity. Medications include Norco 10/325mg, naproxen, ibuprofen, Prilosec and ketoprofen 20% cream. The topical analgesic first appeared in the April 9, 2015 progress note. The injured worker received 24 physical therapy sessions. Objectively, there is tenderness to palpation over the lumbar paraspinal muscle groups. The product was no documentation indicates hyperesthesias of the right L4, L5 and S1 dermatomes. Motor function was grossly normal. Ketoprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (ketoprofen cream 20%) that is not recommended is not recommended. Consequently, CM3-ketoprofen cream is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, CM3-ketoprofen cream 20% is not medically necessary.