

Case Number:	CM15-0148220		
Date Assigned:	08/11/2015	Date of Injury:	03/20/1996
Decision Date:	09/16/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/30/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 69 year old female, who sustained an industrial injury on 3-20-1996. Diagnoses include lumbar spine spondylolisthesis L5-S1, lumbar spine multilevel disc bulges per magnetic resonance imaging (MRI) and lumbosacral radiculitis. Treatment to date has included medications including Tylenol, rest, heat, cold and activity modification. Per the Primary Treating Physician's Progress Report dated 7-07-2015, the injured worker reported constant pain in her bilateral, right greater than left lower back traveling to her bilateral legs and bilateral toes rated as 9 out of 10. She also reported numbness and tingling in the bilateral legs and toes. Her pain is worsening. Physical examination of the lumbar spine revealed severe paraspinal tenderness with muscle guarding and spasms bilaterally, right greater than left. There was moderate spinal tenderness with radiation to the bilateral lower extremities, right greater than left. There was moderate tenderness at the sacroiliac joints and sciatic nerve bilaterally, right greater than left. There was restricted range of motion of the lumbar spine with pain and spasm. The plan of care included, and authorization was requested for a pain management consultation for a possible epidural steroid injection, transcutaneous electrical nerve stimulation (TENS) unit, one prescription for TGIce (Tramadol-Gabapentin-Menthol-Camphor) and one prescription for Flurbiprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consultation for possible epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

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

Decision rationale: The request is considered not medically necessary. The guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the chart, there isn't consistent documentation of exam findings that show a radiculopathy, demonstrating deficits in motor strength, sensation, or reflexes that are corroborated with MRI findings. The findings are nonspecific and do not specify a certain dermatome. Therefore, the request is considered medically unnecessary.

1 TENS/interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Interferential Current Stimulation Page(s): 114-115, 118-120.

Decision rationale: The request for a TENS unit is not medically necessary. It is customary to order a one month home-based trial of a TENS unit prior to chronic use. However, the patient's location of pain do not warrant the use of a TENS unit as first line. The patient has been receiving conservative measures in the form of anti-inflammatories with improved pain. She has also been improving with acupuncture. The patient does not meet selection criteria. She is not documented to have failed all conservative therapy. There is no documentation that her pain was not controlled by medications or he suffered side effects that would prevent her from continuing medications. A one-month trial of ICS that demonstrated increased functional improvement and less pain, with evidence of medication reduction would be necessary. Therefore, the request is considered not medically necessary.

1 prescription of TG Ice (Tarmadol/Gabapentin/Menthol/Camphor): 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: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when anti-depressants and anti-convulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. There is little research to support topical Tramadol use in treatment of chronic pain. According to MTUS, topical gabapentin is not recommended as there is no peer-reviewed literature to support use. There are no guidelines for the use of menthol with the patient's spine complaints. There is no documentation that the patient was unable to tolerate all oral analgesics. Therefore, the request is considered not medically necessary.

1 prescription of Flurbiprofen 20%: 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): 111-112.

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when anti-depressants and anti-convulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. There were no documented goals of treatment. Therefore, the request is considered not medically necessary.