

Case Number:	CM15-0149016		
Date Assigned:	08/13/2015	Date of Injury:	10/14/2010
Decision Date:	09/30/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 York

Certification(s)/Specialty: Pediatrics, 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 66 year old male who sustained an industrial injury on 10-14-2010. Current diagnoses include bilateral lumbosacral strain, bilateral lumbosacral radiculopathy, myofascial pain, bilateral thoracic strain, and bilateral thoracic radiculopathy. Previous treatments included medications, physical therapy, home exercise program, and epidural injection in 2011 with 75% relief lasting a few months. Previous diagnostic studies included a nerve conduction study and electromyograph dated 07/28/2015 revealed evidence of radiculopathy in the right L4, bilateral L5, and right S1 levels, MRI of the lumbar spine in 2010 and 2014, and MRI of the thoracic spine in 2011. Initial injuries occurred when the worker tried to help a 300-pound patient off the exam table when he felt immediate pain in the thoracic and lumbar spine with radiation down the left leg with numbness and tingling sensations affecting the left foot. Report dated 06-16-2015 noted that the injured worker presented with complaints that included pain in the bilateral parathoracic muscles with radiation of pain in a band-like distribution across the back. Also noted is pain in the bilateral iliolumbar ligaments with radiation of pain down to the right buttock and leg, occasional numbness and tingling affecting the left leg, and weakness of both legs. Currently the injured worker is retired and not working. Current medications include Lyrica, oxycodone, and Linzess. Physical examination of the thoracic-lumbar spine revealed decreased range of motion, tenderness, trigger points, and muscle spasms in the bilateral iliolumbar ligaments and bilateral LS paraspinal muscles, tenderness in the bilateral parathoracic muscles, decreased sensation in the dorsal feet and parathoracic muscles bilaterally, decreased reflex in the bilateral ankles, decreased strength with bilateral

dorsiflexors and bilateral extensor hallucis longus muscles, and positive bilateral straight leg raise. The treatment plan included requests for epidural steroid injections, Naproxen, omeprazole, and Flexeril, discontinue all other medications, requests for EMG and NCS, physical therapy, urine toxicology screen, lumbosacral brace, written prescription for Lyrica, request for Lidopro gel to help with uncontrolled numbness of the legs despite taking Lyrica, and follow up in one week. Disputed treatments include right L4, Left L5, right S1 epidural steroid injection, Lidopro, urine drug screen, back brace, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4, Left L5, Right S1 Epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend "epidural steroid injections as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 epidural steroid injections. Current recommendations suggest a second epidural injection if partial success is produced with the first injection. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing with home exercise. Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement of radicular lumbosacral pain, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendations for use of epidural steroid injections to treat radicular cervical pain." Criteria for the use of Epidural steroid injections includes documentation of radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants), injections should be performed using fluoroscopy (live x-ray) for guidance, no more than two nerve root levels should be injected using transforaminal blocks, no more than one interlaminar level should be injected at one session, repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The medical records submitted support that the injured worker has findings of radiculopathy on physical examination dated 06-16-2015. The injured worker has tried conservative methods, which include physical therapy, home exercises, and medications. Nerve conduction study and electromyography performed on 07-28-2015 revealed evidence of radiculopathy in the right L4, bilateral L5, and right S1 levels. In 2011, the injured worker received an epidural steroid injection with 75% relief for a few months. Documentation provided supports medical necessity, but the request exceeds the recommended guidelines of no more than two levels being injected at one time. Therefore, the request for right L4, left L5, right S1 epidural steroid injection is not medically necessary.

Lidopro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical Analgesics Page(s): 56, 111-113.

Decision rationale: According to the MTUS chronic pain medical treatment guidelines, "topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended." The documentation submitted did not support that the injured worker had failed a trial of oral antidepressant or antiepileptic medication. Topical Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). They also note that, with an exception of a dermal patch, no commercially approved topical formulations of Lidocaine (whether cream, lotions, or gels) are indicated for neuropathic pain. Currently the injured worker is still prescribed Lyrica. The physician noted that he was prescribed Lidopro gel to help with uncontrolled numbness of the legs despite taking Lyrica. The treating physician's request did not include the quantity, site of application, or directions for use. As such, the prescription is not sufficient and not medically necessary. Therefore, the request for Lidopro is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, On-going management of opioids, differentiation, dependence & addiction, Opioids screening for risk of addiction (tests) & opioids, steps to avoid misuse/addiction Page(s): 43, 78, 85-86, 90-91, 94-95.

Decision rationale: The California MTUS recommends drug testing as an option, "using a urine drug screen to assess for the use or the presence of illegal drugs." There is no documentation of aberrant behaviors or suspicion of misuse of prescribed medications. Therefore, the request for urine drug screen is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-lumbar supports.

Decision rationale: MTUS is silent on the use of back braces. ODG guidelines state that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, and documented instability. Back braces are currently under study for post-operative use. There is documentation that the IW has lumbar radiculopathy however back braces are not indicated for this diagnosis. This request is not medically necessary.

Flexeril: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed Cyclobenzaprine (Flexeril) for greater than a 2-3 week period, there is no documentation submitted to support improvement in reducing pain, reducing muscle spasms, or increasing function with the use of this medication. Therefore, the request for Flexeril is not medically necessary.