

Case Number:	CM15-0165435		
Date Assigned:	09/02/2015	Date of Injury:	02/20/2014
Decision Date:	10/06/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/24/2015

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, California
 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 (IW) is a 42 year old female who sustained an industrial injury on 02-20-2014. She reported low back pain following an incident where she stepped wrong and almost fell but grabbed onto something to stop her fall. She felt a pop in her back with delayed pain. The injured worker was diagnosed as having lumbar strain which was later diagnosed as lumbar herniated nucleus pulposus L4-5, and Lumbar radiculopathy. Treatment and testing to date has included electromyogram nerve conduction velocity testing (07/2014), a MRI of the lumbar spine (05-06-2014), physical therapy 12 visits with no relief, and transforaminal epidural steroid injection (TFESI) right L4, L5 with (04-07-2015) with 100% resolution of her pain. At the visit of 06-23-2015, her pain was rated as a 6 on a scale of 0-10. Currently, (07-07-2015) the injured worker is seen in follow-up of low back complaints. She had a 3 month long significant relief from the TFESI administered 04-7-2015. At the visit of 07-07-2015, the worker complains of back pain rated an 8 on a scale of 0-10 with radiation of pain, numbness, and tingling in the right lower extremity going to her calf. The plan of treatment is for a repeat TFESI, with orders for oral and topical medications. A request for authorization was submitted for: 1. Transforaminal epidural steroid injection right L4 and L5 nerve roots; 2. Nabumetone 750 mg #60 with 2 refills; 3. CM4-Capsaicin 0.05% + Cycla 4%, with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Nabumetone for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain scores increased over time and future pain response to medication to authorize 2 extra months refills is not justified. Continued use of Nabumetone with 2 refills is not medically necessary.

CM4- Caps 0.05% + Cyclo 4%, with 2 refills: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, 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. According to the MTUS guidelines Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, the compound requested contains .05% of Capsaicin and the claimant has been on this dose for several months. Since this dose of Capsaicin is not necessary, the compound requested above is not medically necessary.