

Case Number:	CM15-0020247		
Date Assigned:	02/09/2015	Date of Injury:	02/07/2010
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania

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 57 year old male, who sustained a work injury on 2/7/10 due to carrying equipment up a steep driveway. The diagnoses have included lumbar radiculopathy, post laminectomy syndrome, and myofascial pain. Prior medical history includes diabetes mellitus. Treatment has included lumbar spine surgery laminotomy, foraminotomy and facetectomy L4-5 and L5-S1 and posterior fusion L4 to S1, medications, and chiropractic treatment. The Utilization Review determination also notes that treatment has included sacroiliac joint injections, facet nerve radiofrequency ablation, and lumbar epidural steroid injection, although these treatments were not discussed in the documentation submitted. Medications in September 2013 included robaxin and percocet. He has reported symptoms of back and right leg pain rated at 5/10 in severity. At a visit on 8/20/14, the physician documented that the injured worker had been improving but then developed right L4 radicular pain which was an acute change and correlates with adjacent segment disease. Chiropractic treatment was noted to be helpful. Medications included oxymorphone and tizanidine. Electromyogram (EMG)/nerve conduction study on 9/11/14 showed bilateral peroneal sensory neuropathies, normal EMG of all muscles tested, and no electrophysiological evidence of a right lumbosacral motor radiculopathy. Office visit of 10/21/14 noted that the injured worker was to continue with chiropractic treatment, and oxymorphone and robaxin were refilled. Magnetic Resonance Imaging (MRI) on 12/16/14 reported post surgical changes, and a 3 millimeter right sided disc protrusion with mild abutment of the exiting right L3 nerve root and abutment of the descending right L4 nerve root. Examination of the back on 1/8/15 noted tenderness throughout lumbar paraspinous region,

decreased range of motion extension and flexion, right lumbar radicular signs and positive right straight leg raise, with decreased sensation right tibialis anterior. Medications included Oxymorphone, Robaxin, Topamax, and Topical analgesic compound and patch. Work status was noted as medically retired. On 1/22/15, Utilization Review non-certified a Caudal epidural steroid injection under fluoroscopic guidance and general anesthesia; Trigger point injection under ultrasound guidance; Chiropractic treatments to the lumbar/sacral area, 1 x week x 24 weeks (QTY: 24); Oxymorphone IR 10 mg #180, with 0 refills; Robaxin 750 mg #90, with 0 refills; Ketoprofen 15%, baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10% with 11 refills; Aleveer patch - menthol 5%, capsaicin 0.0375%, #60, with 11 refills, noting the California Medical Treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection under fluoroscopic guidance and general anesthesia:
Upheld

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

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

Decision rationale: The MTUS, chronic pain section, page 46 describes the criteria for epidural steroid injections. Epidural injections are a possible option when there is radicular pain caused by a radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must be documentation of failure of conservative treatment such as exercises, physical methods, nonsteroidal anti-inflammatory agents, and muscle relaxants. An epidural steroid injection must be at a specific side and level. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Although the Utilization Review mentioned a prior epidural steroid injection, this was not discussed in the records submitted. In this case, there was evidence of radicular pain which was corroborated with the MRI findings, although the electrodiagnostic studies were negative for evidence of a right lumbosacral radiculopathy. There was documentation of trial of conservative measures. Although the documentation supports right L4 radiculopathy, the request was for an unspecified side and level, and the progress note of 1/8/15 states that a request was made for caudal epidural steroid injection with catheter under fluoroscopic guidance under general anesthesia because the injured worker had bilateral lower extremity radiculopathy. Due to the lack of specificity of the request without notation of side and level to be injected, the request for caudal epidural steroid injection under fluoroscopic guidance and general anesthesia is not medically necessary.

Trigger point injection under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines trigger point injections Page(s): p. 122.

Decision rationale: The MTUS states that trigger point injections are recommended only for myofascial pain syndrome in order to maintain function when myofascial trigger points are present on examination. Trigger point injections are not recommended for radicular pain or for typical back pain or neck pain, and have not been proven effective for fibromyalgia syndrome. In this case, there was documentation of radicular pain, and no documentation of myofascial pain. No trigger points on examination were noted in the reports submitted. Due to lack of finding of trigger points on examination and lack of diagnosis of myofascial pain syndrome, the request for trigger point injections is not medically necessary.

Chiropractic treatments to the lumbar/sacral area, 1 time a week for 24 weeks; quantity 24: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

Decision rationale: Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation for the low back may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement; with evidence of objective functional improvement, up to 18 visits over 6-8 weeks may be provided. Elective/maintenance care is not recommended. For recurrences/flare-ups, if return to work is achieved then 1-2 visits every 4-6 months are recommended. This injured worker has a history of chronic low back pain with prior lumbar spine surgery and fusion, with recent finding of L4 radiculopathy. It was documented in the progress notes from August and October 2014 that the injured worker was undergoing chiropractic treatments. The chiropractic treatments were noted to be "helpful" but there was no specific evidence of functional improvement as a result of chiropractic treatment to date, with no evidence of improvement in activities of daily living, change in work status, decrease in medication use, or decrease in frequency of office visits. The number of sessions of chiropractic treatment and the dates were not submitted. The number of sessions requested (24) exceeds both the number recommended for an initial trial (6) and a full course of treatment (18). The injured worker was noted to be retired, and there was no documentation that the current chiropractic treatment requested was for recurrence/flare-up of pain in the context of return to work, and the number of sessions requested also exceed the number recommended for this context. Due to the lack of documentation of functional improvement from the chiropractic treatment received to date, and number of sessions requested in excess of the guidelines, the request for chiropractic treatments to the lumbar/sacral area, 1 time a week for 24 weeks; quantity 24 is not medically necessary.

Oxymorphone IR 10mg quantity 180 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. The documentation does note a pain management agreement and performance of urine drug screens. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, mechanical and compressive etiologies, and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Oxymorphone has been prescribed for months, and opioids have been prescribed for over one year. The prescribing physician does not specifically address function with respect to prescribing opioids. Work status was noted as medically retired. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. As currently prescribed, oxymorphone does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Robaxin 750mg quantity 90 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

Decision rationale: The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants, and reflect that various muscle relaxants have been prescribed for more than one year with prescription of robaxin for many months. Due to length of use not in accordance with the guidelines, the request for robaxin is not medically necessary.

Ketoprofen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 10% with 11 refills:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): (s) 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p. 111-113.

Decision rationale: Per the MTUS, 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. Ketoprofen, a nonsteroidal anti-inflammatory agent (NSAID), is not currently FDA approved for topical application. It has a high incidence of photocontact dermatitis. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder, and topical NSAIDs are not recommended for neuropathic pain. Baclofen is not recommended in topical form. Cyclobenzaprine is a muscle relaxant. The MTUS notes that there is no evidence for use of muscle relaxants as topical products. Gabapentin is an antiepileptic drug and is not recommended in topical form; there is no peer-reviewed literature to support use. The site of application and directions for use were not specified. As none of the ingredients in this compounded topical product are recommended, the request for Ketoprofen 15%, baclofen 2%, cyclobenzaprine 2%, gabapentin 10% with 11 refills is not medically necessary.

Aleveer patch, menthol 5%, capsaicin 0.0375%, quantity 60 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): (s) 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): p.11-113. Decision based on Non-MTUS Citation Uptodate: camphor and menthol: drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: Per the MTUS, 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. Aleveer patch contains menthol 5% and capsaicin 0.0375%. The MTUS and ODG are silent with regard to menthol. It may be used for relief of dry, itchy skin. This agent carries warnings that it may cause serious burns. Capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. It may be used for treatment of osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in high doses. The site of application was not specified. Because menthol is not indicated or recommended, and as the high dose of capsaicin in this formulation is not indicated, the request for aleveer patch is not medically necessary.