

Case Number:	CM15-0024252		
Date Assigned:	02/13/2015	Date of Injury:	07/12/2010
Decision Date:	04/02/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 36 year old female, who sustained an industrial injury, July 12, 2010. According to progress note of February 18, 2015, the injured workers chief complaint was low back, neck and left shoulder pain. The injured worker rated pain at 5 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted lumbar flexion at 90 degrees and extension at 20 degrees. The lateral bending to the right was 30 degrees when caused low back pain and 40 degrees to the left and was pain free. The injured worker could lift legs to 50 degrees and remained pain free. The injured worker was diagnosed with chronic low back, neck and left shoulder pain, C5-C6 radiculopathy, anterior interbody fusion at C5-C6with hardware on March 7, 2011, symptomatic cervical disc disease with right upper extremity radiculopathy and right shoulder chronic tendinitis and impingement syndrome. The injured worker previously received the following treatments of physical therapy, chiropractic services, acupuncture, treatments with a pain psychologist, Motrin, walking, hiking, pilates 3 times a week, MRI of the cervical neck. On January 19, 2015, the primary treating physician requested authorization for steroid transforaminal epidural injection at left L4-L5 1 injection, topical Medrox Patches 20% methyl salicylate, 0.375% Capsaicin; unspecified quantity. On January 27, 2015, the Utilization Review denied authorization for steroid transforaminal epidural injection at left L4-L5 1 injection, topical Medrox Patches 20% methyl salicylate, 0.375% Capsaicin; unspecified quantity. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Transforminal Epidural Injection at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Page 46.

Decision rationale: According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There is no clear documentation of radiculopathy as outlined above. Steroid Transforminal Epidural Injection at L4-L5 is not medically necessary.

Topical Medrox Patches 20% Menthol, Salicylate, 5% Menthol, 0.0375% Capsaicin, unspecified quantity: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Pages 28, 112-113.

Decision rationale: Medrox patches contain a topical analgesic with the active ingredients, capsaicin 0.0375%, and menthol USP 5% used for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness and stiffness. Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. According to MTUS there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over 0.025% formulation would provide any further efficacy. Medrox patches are not medically necessary.