

Case Number:	CM15-0034829		
Date Assigned:	03/03/2015	Date of Injury:	10/19/2005
Decision Date:	04/16/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/24/2015

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: 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 38 year-old male who has reported low back pain after lifting on 10/19/2005. The diagnoses include lumbosacral spondylosis and chronic pain syndrome. Treatment to date has included medications, physical therapy, chiropractic therapy, surgery for disk replacement, acupuncture, facet joint injections, a left L5-S1 epidural steroid injection in 2006, sacroiliac (SI) injection, radiofrequency ablation, and physical therapy. The injured worker has chronic erectile dysfunction and has had extensive evaluations without a definitive etiology. There were no reports of significant functional improvement after the 2006 epidural steroid injection. He has had multiple lumbar MRIs and a lumbar discogram in the past. 2007 and 2009 lower extremity electromyograms (EMGs) were negative. Medical reports during 2014 reflect ongoing low back pain, and medications that include Cialis, Prilosec, and Norco. There has been chronic erectile dysfunction. He is reported to be working full-time on a farm. In a med legal report of April 2014 he reported taking Norco 1.5 pills per week. An internal medicine consultation from 3/20/13 stated that opioid intake was too low to diminish testosterone. The testosterone lab result was normal on 3/21/13 and on a prior occasion. The physician recommended against testosterone supplementation. On 11/13/14 two total testosterone samples were tested, one was borderline low and the other was normal. Testosterone was normal in 2010. Per a PR2 of 1/13/15, there was low back and left leg pain. Bilateral radicular pain at "L5-S1" was reported, although there was no description of the actual parts of the body affected. There were no neurological deficits. An MRI from 2012 was reported to show an L3 compression deformity, and compression of the L5 nerve roots, right more than left. The treatment plan

included those items now under Independent Medical Review. None of the items were addressed with sufficient details regarding the patient-specific indications, results of prior treatment and testing, and results of medication use. On 02/17/2015, Utilization Review non-certified requests for testosterone injections, left L4-L5 and L5-S1 transforaminal epidural steroid injection, right S1 transforaminal epidural steroid injection, compound pain cream, lumbar x-ray and lumbar MRI, noting that that guidelines were not met and that the submitted documentation did not support medical necessity of the services. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound pain cream Gabapentin 5% Ketamine 6% Diclofenac 3% Amitriptyline 1% Baclofen 2%: 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 Medications for chronic pain; Topical Medications Page(s): 60 and 111-113.

Decision rationale: No physician reports discuss the specific indications and medical evidence in support of the topical medications prescribed in this case. The treating physician has not discussed the ingredients of this topical agent and the specific indications for this injured worker. Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. Provision of multiple medications simultaneously is not recommended. In addition to any other reason for lack of medical necessity for these topical agents, they are not medically necessary on this basis at minimum. The Official Disability Guidelines state that "Custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm." The compounded topical agent in this case is not supported by good medical evidence and is not medically necessary based on this Official Disability Guidelines recommendation. The MTUS states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine may have some utility in treatment of neuropathic pain (neuropathic pain is not present in this case per the available reports), per limited studies, and only "in refractory cases in which all primary and secondary treatment has been exhausted". Such treatment has not been exhausted. Per the MTUS citation, there is no good evidence in support of topical Gabapentin or muscle relaxants; these agents are not recommended. Per the MTUS, topical nonsteroidal anti-inflammatory agents (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There is no good evidence supporting topical NSAIDs for shoulder or axial pain. The condition in this case is axial pain. Note that the compounded topical Diclofenac is not FDA approved. Non-FDA approved medications are not medically necessary. There is no good evidence to support topical Amitriptyline. The topical compounded medication prescribed for this injured worker is not medically necessary based on the MTUS, the Official Disability Guidelines, lack of medical evidence, and lack of FDA approval. Therefore, this request is not medically necessary.

Testosterone injections QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: Per the MTUS citation above, testosterone replacement is recommended in limited circumstances for patients taking high dose oral opioids with documented low testosterone levels. There are no consistently low testosterone levels in the medical reports. The MTUS states that an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. The treating physician has not documented an endocrine evaluation, testosterone levels, signs of hypogonadism, or that testosterone replacement has been done by a physician with special knowledge in the field. The one evaluation in the records for possible hypogonadism did not find that there was good evidence for hypogonadism and recommended against testosterone supplementation. Given the prior evaluation, and the other recommendations in the MTUS that are not met, any further testosterone supplementation is not medically necessary.

Left L4-5 Transforaminal ESI QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 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. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI has some evidence of nerve root compression but there are not sufficient clinical findings, which correlate with the MRI. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program, or a concurrent more active treatment program. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case.

Left L5-S1 Transforaminal ESI QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 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. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI has some evidence of nerve root compression but there are not sufficient clinical findings which correlate with the MRI. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program, or a concurrent more active treatment program. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case.

Right S1 Transforaminal ESI QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 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. This injured worker does not meet the MTUS criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy, such as dermatomal sensory loss or motor deficits correlating with a specific lesion identified by objective testing. The MRI has some evidence of nerve root compression but there are not sufficient clinical findings which correlate with the MRI. There is no evidence in the medical reports that the proposed epidural injection will be used in conjunction with other rehab efforts, including continuing a home exercise program, or a concurrent more active treatment program. An epidural injection is not medically necessary based on the MTUS indications which are not met in this case.

Lumbar X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Repeat MRI. Radiography (x-rays).

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as unequivocal objective findings that identify specific nerve compromise on the neurologic examination. No red flag conditions are identified. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. The treating physician has not provided specific indications for performing more radiographs. The clinical presentation of low back and leg pain has been present for 10 years or more, with multiple imaging tests performed as well as injections and surgery. There are no recent clinical changes which would indicate the need for another series of testing. There are no significant changes clinically since the last MRI and radiographs. The current clinical exam is benign. Repeat imaging may be indicated if there were to be significant worsening as evidenced by specific signs and symptoms suggesting new low back pathology. Repeat imaging of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for more imaging. Radiographs of the lumbar spine are not medically necessary based on lack of sufficient indications per the MTUS.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 and 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Repeat MRI. Radiography (x-rays).

Decision rationale: The treating physician has not described the clinical evidence of significant pathology discussed in the MTUS, such as unequivocal objective findings that identify specific nerve compromise on the neurologic examination. No red flag conditions are identified. Per the Official Disability Guidelines citation above, imaging for low back pain is not beneficial in the absence of specific signs of serious pathology. Repeat imaging should be based on the presence of new symptoms and signs. The treating physician has not provided specific indications for performing an MRI. The clinical presentation of low back and leg pain has been present for 10 years or more, with multiple imaging tests performed as well as injections and surgery. There are no recent clinical changes which would indicate the need for another round of testing. There are no significant changes clinically since the last MRI. The current clinical exam is benign. Repeat MRI may be indicated if there were to be significant worsening as evidenced by specific signs and symptoms suggesting new low back pathology. MRI of the lumbar spine is not indicated in light of the paucity of clinical findings suggesting any serious pathology; increased or ongoing pain, with or without radiation, is not in itself indication for MRI. An MRI of the lumbar spine is not medically necessary based on lack of sufficient indications per the MTUS.