

Case Number:	CM15-0040740		
Date Assigned:	04/10/2015	Date of Injury:	11/21/2012
Decision Date:	05/19/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 43-year-old female who reported injury on 11/21/2012. The mechanism of injury was a fall. He was diagnosed with lumbar spine sprain and strain and right carpal tunnel syndrome. His past treatments were noted to include medications, surgery, physical therapy. No diagnostic studies were provided. On 01/13/2015, the injured worker reported cervical and lumbar spine pain as well as bilateral shoulder pain. Upon physical examination he was noted to have tenderness at the cervical and lumbar spine. No other physical findings were provided. His current medications were noted to include pain medications, diclofenac, omeprazole, Flexeril, and Mentherm. On 02/18/2015 the injured worker was in for an evaluation of her GI symptoms, which she basically complained of pain mostly over the epigastric area, rated 7/10. She indicated her pain is intermittent in nature and aggravated by consumptions of food. She reported that since a year ago approximately the pain has been gradually increasing and they are radiating toward her chest area. The treating physician indicated the injured worker has received 2 trigger injections with steroids and also received injections over the lumbar spine for controlling pain with analgesic medications. The treating physician indicated the injured worker still reports constipation, nausea, heartburn, acid reflux, and rectal bleeding. Upon physical examination, she was noted to have tenderness on palpation over the cervical and dorsal lumbar spine and shoulders. A request was submitted for lumbar epidural steroid injection, right L5-S1; however, the rationale was not provided. A Request for Authorization was submitted on 01/13/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid Injection, right L5-S1: 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 (ESIs) Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend epidural steroid injections for the treatment of radicular pain. Additionally, the guidelines recommend that radiculopathy must be documented by physical examination and corroborated by imaging studies. The patient should be initially unresponsive to conservative treatment (exercise, physical methods, NSAIDs and muscle relaxants). It is recommended that Injections be performed using fluoroscopy for guidance, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. The clinical documentation submitted for review does not provide evidence of neurological deficits to warrant an epidural steroid injection. Additionally, the official MRI of the lumbar spine was not provided to indicate evidence of nerve root impingement to corroborate with radiculopathy at the requested levels. Furthermore, it is unclear whether the injured worker has had a recent attempt at physical therapy. Moreover, the request as submitted does not provide evidence that they will be using fluoroscopy for guidance. Given the above information, the request is not supported by the guidelines. As such, the request for lumbar epidural steroid injection, right l5-s1 is not medically necessary.

Post-op physical therapy, 2 times a week, left wrist/hand qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16, 20, 21.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 15.

Decision rationale: The California MTUS Guidelines recommend active therapy for restoring flexibility, strength, endurance, function, range of motion, and alleviating discomfort. Additionally, the guidelines recommend 3-8 visits over 3-5 weeks post-surgical treatment. The clinical documentation submitted for review indicated the injured worker has been certified for physical therapy postoperative treatment. However, it is unclear the number of completed physical therapy to date. Additionally, there is lack of evidence of significant objective functional improvement within the previously therapy provided. There were no exceptional factors to warrant additional visits beyond the guidelines recommendation. As such, the request is not medically necessary.

Diclofenac, dose unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The CA MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The clinical documentation submitted for review does not provide evidence of increased function and decreased pain with use of the medication. Additionally, the request as submitted does not provide a frequency of the medication. Given the above information, the request is not supported by the guidelines. As such, the request for post-op physical therapy, 2 times a week, left wrist/hand qty: 12 is not medically necessary.

Cyclobenzaprine, dose unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: The California MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The clinical documentation submitted for review does not provide evidence of spasm on physical examination to support the use of the medication. Additionally, it is unclear when the injured worker started this medication as it is only recommended for short term use. Furthermore, the request as submitted does not specify a frequency. Given the above information, the request is not supported by the guidelines. As such, the request for cyclobenzaprine, dose unspecified is not medically necessary.

Menthoderm cream, dose unspecified: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. The guidelines also state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The clinical documentation submitted for review does not provide evidence that the injured worker has tried and failed anticonvulsants and antidepressants. Additionally, the request as submitted does not provide a rationale as to why the injured worker requires a topical medication versus oral medication. Methoderm contains menthol and methyl salicylate. The guidelines recommend salicylate topical to aid with chronic pain. The dose, quantity, and frequency for the purposed medication was not provided. Given the above information, the request is not supported by the guidelines. As such, the request for Methoderm cream, dose unspecified is not medically necessary.

Omeprazole, dose unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS Guidelines identifies that risk for gastrointestinal events includes patients age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The Guidelines also state the requested medication is recommended for patients at risk for gastrointestinal events. The clinical documentation submitted for review does provide evidence of gastrointestinal events with the medication. However, there is a lack of efficacy of the medication. Additionally, the request as submitted does not provide a frequency of the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.