

Case Number:	CM15-0053437		
Date Assigned:	03/26/2015	Date of Injury:	02/14/2007
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/20/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old female who reported an injury on 02/14/2007. The mechanism of injury was not specifically stated. The current diagnoses include lumbar spine strain, lumbar radiculopathy, lumbar stenosis, degeneration of lumbar disc, cervical radiculopathy, and herniated nucleus pulposus at T5-8. The injured worker presented on 02/03/2015 for a follow-up evaluation regarding neck and low back pain. The injured worker reported no change in symptoms. It was noted that the injured worker was awaiting authorization for a right transforaminal epidural steroid injection at L5-S1. With regard to medication, the injured worker was utilizing ibuprofen 800 mg, Norco 5/325 mg, and Norflex 100 mg, and a compounded ketoprofen cream. The injured worker had been previously treated with 3 separate lumbar epidural steroid injections with moderate relief, 12 sessions of physical therapy in 2011, 10 sessions of chiropractic therapy, and 5 sessions of acupuncture. Upon examination, there was tenderness to palpation over the lumbar spine midline and bilateral lumbar paraspinal muscles, tenderness over the bilateral SI joints, decreased cervical and lumbar range of motion, tenderness to palpation at the cervicothoracic junction, decreased sensation in the L5 and S1 dermatomes on the right, 4+/5 motor weakness on the right, and a positive straight leg raise test at 50 degrees on the right. Lasegue's test also increased pain in the lower back. Electrodiagnostic studies of the bilateral lower extremities performed on 02/06/2014 reportedly revealed normal findings. There was no evidence of lumbar radiculopathy. Recommendations

at that time included continuation of the current medication regimen, as well as a right transforaminal epidural steroid injection at L5-S1. A Request for Authorization form was then submitted on 02/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it was noted that the injured worker was utilizing ibuprofen 800 mg. There was no indication that the injured worker was actively utilizing naproxen 550 mg. There was no indication that the injured worker was instructed to discontinue the use of ibuprofen 800 mg. The medical necessity for 2 separate NSAIDs has not been established. Additionally, there was no frequency listed in the request. As such, the request is not medically necessary.

CM3 ketoprofen cream 20 percent 30gm #1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Therefore, the request for a ketoprofen cream would not be supported. In addition, there was no frequency listed in the request. As such, the request is not medically necessary.

Orphenadrine citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication for an unknown duration. Guidelines do not support long-term use of muscle relaxants. There was no documentation of palpable muscle spasm or spasticity upon examination. The medical necessity for the ongoing use of this medication has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Norco 10/325mg 1 tab po qd prn #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-going management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of injured worker compliance and non-aberrant behavior were not provided. There was no also no documentation of a written consent or agreement for chronic use of an opioid. Given the above, the request is not medically necessary.

Orthopedic spine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web) 2014, Low back, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of objective functional improvement despite the ongoing use of this medication. Recent urine toxicology reports documenting evidence of injured worker compliance and non-aberrant behavior were not provided. There was no also no documentation of a written consent or agreement for chronic use of an opioid. Given the above, the request is not medically necessary.

Right transforaminal epidural steroid injection (ESI) L5-S1, 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 ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. While it is noted that the injured worker participated in a course of physical therapy in 2011, there is no documentation of a recent attempt at any conservative management in the form of active rehabilitation. There is no evidence of a progression or worsening of symptoms or physical examination findings to support the necessity for an orthopedic spine consultation. The medical necessity has not been established. Therefore, the request is not medically necessary at this time.