

Case Number:	CM15-0082862		
Date Assigned:	05/05/2015	Date of Injury:	05/14/2011
Decision Date:	07/08/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Illinois

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 is a 44 year old female, who sustained an industrial injury on 05/14/2011. She reported immediate pain in her neck and back and a headache following a fall. Treatment to date has included x-rays, acupuncture, physical therapy, chiropractic care, MRI of the cervical spine, MRI of the lumbar spine, electrodiagnostic studies, epidural injections and medications. According to a progress report dated 02/13/2015, the injured worker described a stabbing pain in her neck with burning pain radiating up into the back of her head, burning pain in the right shoulder radiating to the elbow and aching pain from the right elbow down to the hand. She reported that her right arm felt heavy and that both arms had tingling and numbness but more notable in the right. She often experienced muscle spasms in her arms. She reported a burning stabbing pain with pins and needles in the low back radiating into the right leg and foot. Measurement of pain with a pain assessment scale was not documented in this report. She had difficulty sleeping due to her pain, which also caused fatigue. Pain often woke her up at night. She used a lumbar corset for support when driving and for increased pain. She requested a new lumbar corset because her was worn out and did not provide good support. She suffered from muscle spasms frequently. Medication regimen included Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. Medications helped to resolve her pain for three to four hours. She denied functional improvement. Diagnoses included lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain and thoracic myofascial strain. A cures report from 11/18/2014 showed no transactions. Treatment plan included carpal tunnel surgery, Naproxen, Norflex, Gabapentin, Capsaicin cream, Norco, urine drug screen, med panel, transforaminal epidural steroid injection right L5, S1 and an S1 selective nerve block and replacement of LSO mesh back support. Currently under review is the request for one prescription of CM4 (Caps0. 05% + Cyclo 4%), one prescription of Norco, one urine drug screen, one replacement of LSO mesh back support and one transforaminal epidural steroid

injection at right L5, S1 and S1 selective nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of CM4 (caps 0.05%+cyclo 4%): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 05/14/2011. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain and thoracic myofascial strain. Treatments have included Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. The medical records provided for review do not indicate a medical necessity for One (1) prescription of CM4 (caps 0.05%+cyclo 4%). The product is said to be a topical cream containing Capsaicin and Cyclobenzaprine. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not recommend the use of any compounded product that contains at least one drug (or drug class) that is not recommended. Neither Cyclobenzaprine nor the 0.00% Capsaicin is recommended.

One (1) prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on 05/14/2011. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain and thoracic myofascial strain. Treatments have included Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. The medical records provided for review do not indicate a medical necessity for One (1) prescription of Norco 10/325mg #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the use of this medication predate 06/2014, but with no overall improvement. The request is not medically necessary.

One (1) urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testin Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Urine drug testing (UDT).

Decision rationale: The injured worker sustained a work related injury on 05/14/2011. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain and thoracic myofascial strain. Treatments have included Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. The medical records provided for review do indicate a medical necessity for One (1) urine drug screen. The MTUS recommends drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The MTUS does not specify the frequency but recommends that it be based on risk stratification. The Official Disability Guidelines states that individuals at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. The medical records indicate the injured worker has been diagnosed of depression and stress. The injured worker was tested in 12/2014; this request was made in 03/2015 while the injured worker was on treatment with opioids.

One (1) replacement of LSO mesh back support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The injured worker sustained a work related injury on 05/14/2011. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain and thoracic myofascial strain. Treatments have included Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. The medical records provided for review do not indicate a medical necessity for One (1) replacement of LSO mesh back support. The MTUS does not recommend the use of back support.

One (1) transforaminal epidural steroid injection at right L5, S1 and S1 selective nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker sustained a work related injury on 05/14/2011. The medical records provided indicate the diagnosis of lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain and thoracic myofascial strain. Treatments have included Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. The medical records provided for review do not indicate a medical necessity for One (1) transforaminal epidural steroid injection at right L5, S1 and S1 selective nerve block. The medical records indicate she had mild relief of unspecified magnitude and duration in 1/2014. Also, the records indicate the injured worker had been approved of epidural injection in 03/2015 but there was no documentation on whether the injured worker has had this, and if so the outcome. The MTUS guidelines for Epidural Steroid injection include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro-diagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.