

Case Number:	CM14-0111833		
Date Assigned:	08/01/2014	Date of Injury:	04/14/2010
Decision Date:	09/30/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 04/14/2010 due to slipping on a wet floor, injuring her left knee and right hand. The patient's diagnoses included chronic pain syndrome, cervicgia, and cervical disc degeneration. The past treatments have been physical therapy, left knee injections, cervical epidural steroid injections, transforaminal epidural steroid injections, and radiofrequency neurotomy. The diagnostic studies were an MRI of the shoulder and the elbow. The physical examination on 07/09/2014 revealed complaints of ongoing left buttocks pain. The injured worker reported that she was getting an increase in pain in the left hamstring and spasm. It was reported that the injured worker was status post injection on the left lumbar from last week with 100% relief until she fell twice 3 days ago due to her knee giving out. She was able to sit for 3 hours without a pillow until the fall. Her pain level was reported to be anywhere between a 4/10 and a 9/10. The examination of the lumbar spine revealed a straight leg raising test was positive on the left in the supine position. The examination of the neck revealed loss of lordosis. Movements of the neck were restricted with flexion limited to 45 degrees and extension limited to 25 degrees. Spurling's maneuver caused radicular symptoms on the left. Tenderness was noted in the paracervical muscles and trapezius. Medications were Abilify 5 mg, Fluticasone nasal spray, Baclofen 20 mg, Butrans 15 mcg/hour patch, Butrans 5 mcg/hour patch, Percocet 10/325 mg, Ambien CR 12.5 mg, Cardizem L 420 mg, CellCept 500 mg, Cymbalta 60 mg, Feldene 20 mg, Gabapentin 600 mg, Lidocaine 5% patch, Plaquenil 200 mg, Protonix 40 mg, and Mirtazapine 45 mg. The treatment plan was for Abilify 5 mg and a computer generated seat cushion. The rationale and Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluticasone Prop 50mcg spray Mcg/actuation, PRN rash, #1, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2007 Guidelines of the Expert Panel of the National Asthma Education and Prevention Program MD Consult Drug Monograph last updated 1/21/12 Classifies Flonase (Fluticasone nasal Spray).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: <http://www.drugs.com/ppa/fluticasone.html>.

Decision rationale: Fluticasone was not addressed by the Chronic Pain Medical Treatment Guidelines, ACOEM, or ODG. Drugs.com was consulted. Fluticasone comes in many different forms. It is used as a nasal spray, it comes in an ointment, and it comes in a powder for an inhaler. This request is asking for a spray for a rash, as needed. According to the website, it comes in a cream, a lotion, and ointment. It also comes as a nasal spray. It comes as a powder inhalation for people with asthma. It comes in an aerosol for people with asthma. The medical necessity for this medication was not reported. It was not reported why the injured worker needed this type of medication and not another type. It did not report what type of rash the injured worker had. Therefore, the request is not medically necessary.

Butrans 20 Mcg/hr Patch, 1 weekly, #4, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Buprenorphine for Chronic Pain.

Decision rationale: The Official Disability Guidelines for Buprenorphine for chronic pain is recommended as an option for treatment of chronic pain in selected injured workers. Suggested populations for treatment with Butrans patch are injured workers with centrally mediated pain, injured workers with neuropathic pain, injured workers at high risk of non-adherence with standard opioid maintenance, and for analgesia in injured workers who have previously been detoxified from other high dose opioids. Use for pain with formulations other than Butrans is off label. Due to complexity of induction and treatment, the drug should be reserved for use by clinicians with experience. The efficacy of this medication was not reported. Therefore, the request is not medically necessary.

Percocet 10-325mg tab. #90, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet, Ongoing Management Page(s): 75, 86, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend Percocet for moderate to severe chronic pain and that there should be documentation of the 4 A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg morphine equivalence per day. The efficacy of this medication was not reported. The 4 A's for ongoing monitoring were not reported. The request does not indicate a frequency for the medication. Therefore, it is not medically necessary.

Bilateral L4-L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5 Division of Workers' Compensation Subchapter 1. Administrative Director - Administrative Rules.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The decision for Bilateral L4-L5 transforaminal epidural steroid injection is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. For repeat epidural steroid injections, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Diagnostic studies were not submitted to corroborate the findings of radiculopathy. Physical examinations did not report any neurological deficits. Therefore, the request is not medically necessary.

6 monthly follow visits for medication management: Overturned

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 in Workers' Compensation (TWC) Pain Procedure Summary last updated 5/15/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visits.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend for an epidural steroid injection that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and the pain must be initially unresponsive to conservative treatment including exercise, physical therapy, NSAIDs, and muscle relaxants. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at 1 session. For repeat epidural steroid injections, there must be objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction of medication use for 6 to 8 weeks with a general recommendation of no more than 4 blocks per region per year. Diagnostic studies were not submitted to corroborate the findings of radiculopathy. Physical examinations did not report any neurological deficits. Therefore, the request is medically necessary.