

Case Number:	CM14-0114759		
Date Assigned:	09/16/2014	Date of Injury:	01/31/2002
Decision Date:	10/31/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 California. 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:

This patient sustained an injury on 1/31/2002 while employed by [REDACTED]. Request(s) under consideration include Lumbar ESI and Topical Flurbiprofen. Diagnoses include bursitis; sacroiliac arthropathy; and hip joint internal derangement. Peer review noted requests for medications of Kadian, Norco, Colace, Senna, Lyrica along with UDS and follow-up visit were certified. It was noted the patient had recent authorized lumbar ESI on 2/18/14 now with repeat LESI without documented evidence of improvement. Report of 5/28/14 from the provider noted the patient with chronic low back radicular pain with spasm and weakness with anxiety, depression, stress, and insomnia. Medications of Kadian, Norco, colace, Senna, and Lyrica providing relief; the patient is ready for the epidural injection. Exam showed diffuse lower extremity 4/5 motor strength with diffuse limited range in all planes; positive SLR and femoral stretch testing. Diagnoses include failed back surgery syndrome s/p L3-5 fusion/ facet arthrosis; disc protrusion at L2-3; chronic pain; left hip internal derangement; right trochanteric bursitis; COPD; SI joint arthrosis. Treatment included continuing meds with refills. Report of 8/20/14 from the provider noted the patient with constant low back pain rated at 8/10 radiating down legs into bilateral feet with associated numbness and tingling in the left leg; low back pain remained the same since last visit with noted anxiety, depression, stress, and insomnia. Medications list Norco, Kadian, Colace, and Lyrica providing 40% relief. Exam showed unchanged essentially exact clinical findings from previous multiple reports. Treatment included continuing meds with refills. The request(s) for Lumbar ESI and Topical Flurbiprofen were non-certified on 6/26/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural steroid injections (ESIs): Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend ESI as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy); however, radiculopathy must be documented on physical examination and corroborated by imaging studies and/or Electrodiagnostic testing, not demonstrated here. Although the patient has radicular symptoms; however, the clinical findings was without specific myotomal and dermatomal neurological deficits to repeat a LESI 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. The patient received recent LESI without any change in medication dosing, pharmacological profile nor was there any specific increased function or improved ADLs documented. Submitted reports noted unchanged symptom severity, unchanged clinical findings without decreased in medication profile or treatment utilization or functional improvement described in terms of increased work status or activities of daily living. Criteria to repeat the LESI have not been met or established. The Lumbar ESI is not medically necessary and appropriate.

Fluribiprofen.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDS)..

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

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2002 without documented functional improvement from treatment already rendered. The Topical Flurbiprofen is not medically necessary and appropriate.

