

<b>Case Number:</b>	CM14-0178492		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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; has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 57-year-old female who reported an injury on 09/06/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included spinal claudication at L2-5 with radicular symptoms as well as urinary hyperactivity, cervical spine musculoligamentous sprain/strain, lumbar spine musculature ligamentous sprain/strain, bilateral hand and wrist sprain/strain, upper and lower extremity radicular pain and paresthesia, bilateral thumb sprain/strain. The previous treatments included medication, psychological therapy sessions. The diagnostic testing included an EMG/NCV and an MRI. Within the clinical note dated 09/22/2014, it was reported the injured worker complained of low back pain. She rated his pain 4/10 in severity and 7/10 in severity with activity. She complained of radiation to the right lower extremity and into the buttock with associated muscle spasms. The injured worker complained of left foot pins and needles sensation. Upon the physical examination, the provider noted the injured worker had a positive straight leg raise and tension sign. There was a positive femoral stretch test noted. The injured worker had decreased quadriceps reflex and some iliopsoas weakness. The injured worker had an MRI of the lumbar spine dated 09/04/2014, which was noted to reveal mild scoliosis of the right lumbar spine, mild to moderate central canal stenosis, L4-5. There was a 3 mm left paracentral posterior disc protrusion with central and right paracentral extension. There was L2-3 disc desiccation. There was deformity to the endplate of L2. There was a 4 mm right paracentral posterior disc protrusion with right foraminal extension and 3 mm paracentral posterior disc protrusion with left foraminal and left central extension. The provider requested an extraforaminal selective nerve root block with epidural, followup with [REDACTED], flurbiprofen cream, ketoprofen/ketamine cream,

gabapentin/cyclobenzaprine/capsaicin cream. The Request for Authorization was submitted and dated 09/22/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Extraforaminal selective nerve root block at L2-3 with an epidural l2-L3 with an epidural L2-L3 on the right side: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of Epidur. Decision based on Non-MTUS Citation ODG, Chronic Chapter - Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block)

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

**Decision rationale:** The request for Extraforaminal selective nerve root block at L2-3 with an epidural l2-L3 with an epidural L2-L3 on the right side is not medically necessary. The California MTUS Guidelines recommend epidural steroid injections as an option for the treatment of radicular pain, defined as pain in a dermatomal distribution with corroborative findings of radiculopathy. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The guidelines note the injured worker to initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). The guidelines recommend that if epidural steroid injections are to be used for diagnostic purposes, a maximum of 2 injections should be performed. The clinical documentation submitted lacked significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the injured worker was unresponsive to conservative therapy (including exercise, physical therapy, and NSAIDs). Therefore, the request is not medically necessary.

**Follow up with [REDACTED] for consideration of the extraforaminal epidural L2-3 on the right: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter: Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The request for Follow up with [REDACTED] for consideration of the extraforaminal epidural L2-3 on the right is not medically necessary. As the injured worker's extraforaminal selective nerve root block with epidural has not been authorized, the current request for a followup is also not medically necessary. As such, the request is not medically necessary.

**Flurbiprofen 20% cream 120gm apply to affected area two to three times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72, 111-112.

**Decision rationale:** The request for Flurbiprofen 20% cream 120gm apply to affected area two to three times a day is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 06/2014, which exceeds the guideline recommendations of short term use of 4 to 12 weeks. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

**Ketoprofen 20%/Ketamine 10% cream 120gm apply to affected area two to three times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112, 113.

**Decision rationale:** The request for Ketoprofen 20%/Ketamine 10% cream 120gm apply to affected area two to three times a day is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The guidelines note ketoprofen is recommended for osteoarthritis. Ketamine is used in cancer patients for the treatment of chemotherapy induced peripheral neuropathy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 06/2014, which exceeds the guideline recommendations of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

**Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120gm, apply to affected area two to three times a day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 41, 111-112, 113.

**Decision rationale:** The request for Gabapentin 10%/Cyclobenzaprine 10%/Capsaicin 0.0375% cream 120gm, apply to affected area two to three times a day is not medically necessary. The California MTUS/ACOEM Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are not recommended for longer than 4 to 12 weeks. The guidelines note gabapentin is not recommended as a topical NSAID. Cyclobenzaprine is recommended for a short course of therapy. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. There is no current indication that this increase over 0.025% formulation will provide any further efficacy. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 06/2014, which exceeds the guideline recommendations of short term use. Additionally, the request submitted for capsaicin in the formulation exceeds the guideline recommendations of 0.025%. Therefore, the request is not medically necessary.