

Case Number:	CM14-0184001		
Date Assigned:	11/10/2014	Date of Injury:	09/28/2005
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family Medicine 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:

The claimant has a date of injury of 9/28/2005. Problems include chronic low back pain, with numbness and tingling of feet, and right knee pain. Past treatment has included acupuncture. Current treatment includes Norco, Gabapentin and Menthoderm. The requests are for epidural steroid injection right L5, L5 S1, Ultracet #120 and Ketoprofen cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection for Right L4, L5, and S1 Nerve: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: CA MTUS guidelines state that epidural steroid injections are "an option for the treatment of radicular pain with guidelines recommending no more than 2 nerve root sections should be injected in one session." Criteria for ESI includes radiculopathy documented by physical examination and corroborated by imaging and documentation of trial of conservative therapies including NSAIDs, physical therapy, exercise. In this case, the request is for injection

at three levels which is not indicated per CA MTUS criteria. The request for an Epidural Steroid Injection L4, L5 and S1 is not medically necessary.

1 Prescription for Ultracet (Tramadol/APAP) 37.5/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. In this case, the claimant was not responding to Norco (a narcotic medication) so a switch to Ultracet is not indicated as no greater response would be expected from Ultracet than from the failed Norco attempt. Ultracet is not medically necessary.

1 Prescription for CM3 Ketoprofen cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain when antidepressants and anti-epileptics have failed. CA MTUS specifically prohibits the use of agents which are not FDA approved for topical use. Ketoprofen is not FDA approved for topical application and therefore, is not medically necessary.