

<b>Case Number:</b>	CM14-0212547		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

### 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 36-year-old male who reported an injury on 01/21/2005 due to an unspecified mechanism of injury. An MRI of the lumbar spine dated 01/17/2014 showed disc abnormalities at the L4-5 with a 3 mm protrusion and nerve root compromise on the right and left and a 3 mm to 4 mm protrusion at the L5-S1 with an annular tear and nerve root compromise bilaterally. On 12/02/2014, the injured worker presented for a followup evaluation and reported moderate low back pain radiating into the bilateral legs. It was stated that he was not in therapy and was using Tylenol No. 4 twice a day, Soma 350 mg once a day, and topical creams. A physical examination showed the injured worker ambulated stiffly. Range of motion was documented as flexion to 50 degrees bilaterally. Straight leg raising was positive bilaterally, sensation was within normal limits, and strength was a 5/5. He was diagnosed with a herniated nucleus pulposus at the L4-5 and L5-S1, anxiety, insomnia, status post multiple epidural steroid injections, and sexual dysfunction. Documentation regarding surgical history was not provided. The treatment plan was for an epidural steroid injection, medications, and a urine drug screen, as well as topical analgesics. The Request for Authorization form was signed on 12/02/2014. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Injection: Upheld**

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

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

**Decision rationale:** The CA MTUS Guidelines recommend epidural steroid injections when there is evidence of radiculopathy corroborated by imaging and/ or electrodiagnostic studies. There should be failure of recommended conservative care including exercise, physical methods, NSAIDs, and muscle relaxants and they should be performed using fluoroscopic guidance. There is no documentation showing that the injured worker has evidence of radiculopathy on the physical examination to support the requested intervention. In addition, there is no documentation of recent failure of recommended conservative care. Also, the injured worker's response to the previous epidural steroid injections was not submitted in the documented records and the level at which an injection was being requested was not stated within the request. Therefore, the request for Epidural Injection is not medically necessary.

**Soma 350mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**Decision rationale:** The CAMTUS Guidelines do not recommend the use of Soma and state that it is not indicated for long term use. It is unclear how long the injured worker has been using this medication, and without this information, a continuation would not be supported as it is not indicated for long term use. In addition, Soma is not recommended by the California MTUS, and would not be supported. Furthermore, the frequency of the medication was not provided within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request for Soma is not medically necessary.

**Unknown topical creams of Ketoprofen, Gabapentin, and Tramadol: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The CAMTUS Guidelines state that topical analgesics are experimental in use and primarily recommended for neuropathic pain when first line therapy medications have failed. Additionally, any compounded product that contains at least one drug or drug class that is

not recommended, is not recommended. Topical Gabapentin is not recommended as there is no peer reviewed literature to support its use. There is no documentation showing a quantitative decrease in pain and an objective improvement in function with the use of this topical analgesic to support its continuation. In addition, the request does not state the frequency or quantity of the topical cream being requested and topical gabapentin is not recommended by the guidelines for use. Given the above, the request for Unknown topical creams of Ketoprofen, Gabapentin, and Tramadol is not medically necessary.

**1 Urine Drug Screen: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OnGoing Management Page(s): 78.

**Decision rationale:** The CAMTUS Guidelines recommend urine drug screens when there is evidence of abuse, addiction, or poor pain control. Based on the clinical documentation submitted for review, the injured worker was taking multiple medications to address his pain and deficits. However, there is no evidence that he had shown signs of abuse, addiction, or poor pain control to support the request for a urine drug screen. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request for Urine Drug Screen is not medically necessary.