

Case Number:	CM15-0113520		
Date Assigned:	06/19/2015	Date of Injury:	07/29/2013
Decision Date:	07/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 23 year old male who sustained an industrial injury on July 29, 2013. He has reported low back pain and has been diagnosed with lumbar spine disc herniation at L4-5, status post epidural steroid injections x 3, continued radiculopathy of the left lower extremity, and status post microdiscectomy at L4-5. Treatment has included rest, medications, surgery, medical imaging, and injections. Examination revealed significantly decreased range of motion of the lumbar spine in flexion as well as extension. There was positive straight leg raise on the left at 60 degrees with radiation into the anterolateral left thigh over the anterior knee and dorsal foot. He also had weakness on the right EHL as well as in the plantar flexion of the left foot. The treatment request included a topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Flurbiprofen 20%/Lidocaine 5% #180gms #1 DOS 5/18/15: Overturned

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

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

Decision rationale: The ACOEM chapter on elbow complaints states: There is good evidence that glucocorticoid injections reduce lateral epicondylar pain. However, there is also good evidence that the recurrence rates are high. On the other hand, pain at the time of recurrence is generally not as severe. Thus, despite the problems with recurrence, there is support for utilizing corticosteroid injections in select cases to help decrease overall pain problems during the disorders. Natural recovery or improvement phase. Quality studies are available on glucocorticoid injections and there is evidence of short-term benefits, but not long-term benefits. This option is invasive, but is low cost and has few side effects. Thus, if a non-invasive treatment strategy fails to improve the condition over a period of at least 3-4 weeks, glucocorticoid injections are recommended [Evidence (B), Moderately Recommended]. The patient has epicondylitis. This is a recommended treatment per the ACOEM and the request is therefore medically necessary.