

Case Number:	CM15-0114505		
Date Assigned:	06/22/2015	Date of Injury:	02/16/2014
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
 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 53 year old female, who sustained an industrial injury on 2/16/14. She reported a low back injury. The injured worker was diagnosed as having (HNP) herniated nucleus pulposus of cervical spine, cervical radiculopathy, degenerative disc disease of thoracic spine, degenerative disc disease of lumbar spine and facet arthropathy of lumbar spine. Treatment to date has included 12 physical therapy sessions, ongoing chiropractic therapy, oral medications including Norco, Fenoprofen, Tramadol and Ibuprofen. (EMG) Electromyogram studies of bilateral lower extremities performed on 4/16/15 were read as a normal study. (EMG) Electromyogram of bilateral upper extremities revealed mild right carpal tunnel syndrome and C7-8 radiculopathy. (MRI) magnetic resonance imaging of lumbar spine and thoracic spine were performed in 2014. Currently, the injured worker complains of aching and stabbing of mid and low back pain rated 8-9/10. She also notes dull, aching head pain and minimal left elbow pain rated 6/10. She is currently using Tylenol and a topical pain cream with minimal relief. She may work with modifications. Physical exam noted a slow, mildly antalgic gait with diffuse tenderness to palpation in the cervical, thoracic and lumbar spine with spasms noted throughout the back. A request for authorization was submitted for lumbar epidural steroid injections with left sided placement, Cyclobenzaprine 7.5mg #30, naproxen 550 #60 and compound creams Ketoprofen and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) interlaminar epidural steroid injection at left C7-T1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural injections Page(s): 47.

Decision rationale: According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. In this case, an MRI in 7/2014 indicated nerve root involvement of C7. An EMG on 2/17/15 indicated C7 radiculopathy. Spurling's test is positive on the left side of C7. The request for an ESI above is medically necessary.

One (1) prescription of Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with oral NSAIDS. Continued and chronic use of Flexeril is not medically necessary.

One (1) prescription of topical compound gabapentine cream 10% with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Gabapentin is not recommended due to lack of evidence. In addition, the claimant was on other topical analgesics and required oral analgesics. Since the compound above contains topical Gabapentin, the compound in question is not medically necessary.