

Case Number:	CM15-0117949		
Date Assigned:	06/26/2015	Date of Injury:	08/20/2012
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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:

This 37 year old male sustained an industrial injury to the neck and back on 8/20/12. Magnetic resonance imaging lumbar spine (12/19/12) showed disc herniation at L4-5 and L5-S1 with retrolisthesis. Recent treatment consisted of medication management. In a PR-2 dated 4/27/15, the injured worker complained of persistent cervical and lumbar spine pain. The injured worker reported that medications and compound creams were helpful in alleviating pain. Physical exam was remarkable for cervical spine and lumbar spine with tenderness to palpation in the paraspinal musculature, decreased range of motion secondary to pain and stiffness and negative Spurling's sign and positive bilateral straight leg raise. Motor strength was 5/5 to bilateral upper and lower extremities with decreased sensation at the bilateral S1 distribution and 1+ reflexes throughout. Current diagnoses included lumbar discopathy with disc displacement, lumbar spine radiculopathy and sacroiliac arthropathy. The treatment plan included continuing medications (Fexmid, Nalfon, Omeprazole and Ultram), topical compound cream (Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.03%) and requesting authorization for epidural steroid injections to the lumbar spine times three at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.03% topical cream: 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): 111-112.

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. According to the MTUS guidelines, Capsaicin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Topical NSAIDs such as Flurbiprofen are indicated for arthritis, which the claimant does not have. Since the compound above contained Flurbiprofen and Capsaicin above the recommended dose, the Flurbiprofen 25% Menthol 10% Camphor 3% Capsaicin 0.03% topical cream is not medically necessary.

3 Lumbar Epidural Steroid injections: 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 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 electro diagnostic 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 12/2012 does not indicate nerve encroachment beyond the L5-S1 level. The request is for 3 levels of injections which exceed the amount recommended by the guidelines. In addition, those levels are not confirmed to have radiculopathy by exam and imaging. As a result, the request above is not medically

necessary.

1 on site collection/off site confirmatory laboratory test protocols including GC/MS LC/MS and Eliza technology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Urine Drug Testing (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine toxicology Page(s): 82-92. Decision based on Non-MTUS Citation Performance characteristics of the Cozart Rapi Scan Oral Fluid Drug Testing System for opiates in comparison to ELISA and GC/MS following controlled codeine administration Kacinko SL, Barnes AJ, Kim I, Moolchan ET, Wilson L, Cooper GA, Reid C, Baldwin D, Hand CW, Huestis MA. Forensic Sci Int. 2004 Apr 20;141(1):41-8.

Decision rationale: The guidelines do not specifically mention collection/off site confirmatory laboratory test protocols including GC/MS LC/MS and Eliza technology. However, such testing as referenced in the literature is applied in forensics and testing for illegal substances, HIV testing, etc and in those highly suspected of abuse and deviant behavior for which routine testing such as urine screen is not validated. According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance abuse or other inappropriate activity. The request for the above offsite testing is not medically necessary.