

Case Number:	CM15-0121297		
Date Assigned:	07/02/2015	Date of Injury:	06/23/2008
Decision Date:	08/12/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 66 year old female, who sustained an industrial injury on 6/23/2008. She reported injury to the left knee and low back from pulling/lifting activity. Diagnoses include lumbar degenerative disc disease, low back pain and knee pain. Treatments to date include physical therapy, TENS unit, medication and lumbar epidural steroid injections. Currently, she complained of pain in the low back and left knee and associated with weakness and numbness to bilateral arms, left hand, left leg and left foot. On 5/20/15, the physical examination documented tenderness to lumbar paravertebral muscles and bilateral sacroiliac joints with decreased lumbar range of motion. There was a trigger point palpated. The left knee examination noted crepitus, decreased flexion. The plan of care included bilateral transforaminal epidural steroid injection at L5-S1 level and Pennsaid for topical pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

TF Lumbar Epidural Injection (Site L5-S1, Side Both): Upheld

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

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

Decision rationale: MTUS Guidelines have very specific criteria to justify the use of epidural injections. These criteria include a dermatomal loss of function that is consistent with diagnostic studies. The Guideline criteria are not met. No specific bilateral dermatomal loss is noted. There is reported to be some left sided sensory changes, but this does not appear to fit a dermatomal pattern. Remote MRI and electrodiagnostic testing was positive for possible right sided neuritis, but no ongoing right sides nerve loss is present. In addition, it is stated that prior epidurals provided relief, but the records that document the location and type of prior injections with the resulting benefits are not available for review. Under these circumstances, the request for TF lumbar epidural injection (site L5-S1, side both) is not supported by Guidelines and is not medically necessary.

Pennsaid 2 Percent Solution #1: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Topical Analgesics www.pennsaid.com.

Decision rationale: MTUS Guidelines in general do not recommend the long term use of NSAID's, however the MTUS Guidelines are somewhat dated on this particular issue and this medication preparation was not FDA approved when the MTUS Chronic Pain Guidelines were incorporated. The ODG Guidelines provided an updated review and the Guidelines allow for a trial of Pennsaid for arthritis when there is a failure of oral NSAIDs or if there is a contraindication to their use. This individual's age is a relative contraindication to oral dosing as the Guidelines point out. Under these circumstances, at least a trial of Pennsaid 2 Percent Solution #1 is supported by Guidelines and is medically necessary. If there are inadequate benefits after a reasonable trial, it would be reasonable to re-review this in the future.