

<b>Case Number:</b>	CM15-0175669		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female who sustained an industrial injury on October 20, 2008. A recent follow up visit dated July 08, 2015 reported subjective complaint of low back pain that radiates into the left buttock and right calf. Pain is 8/10 without medications, and 6/10 with medications. There is mention of past electrodiagnostic study in 2013 showing severe bilateral carpal tunnel syndrome, but no mention of electrodiagnostic evidence of radiculopathy. The worker is noted as "requesting an epidural injection as last one from May 2012 had helped her significantly for the back and lower extremity pain." She states recently running out of medications. She was taking: Tramadol with Tylenol, Lidoderm patches, Solarzc, Limbrel, and Omeprazole. Of note, she did trial Imipramine that did not offer any significant relief. Physical exam showed tenderness to the left sacroiliac joint, but with normal strength, and negative bilateral straight leg raise. The following diagnoses were applied: lumbar disc injury, facet arthralgia at L4-5 and L5-S1, left sacroiliac arthralgia, and bilateral sciatica. The plan of care is with recommendation for a course of acupuncture care; refilling medications: Limbrel, Tylenol #2, Lidoderm, Solarzc, and Omeprazole. There is noted discussion stating: I will consider spinal intervention on next evaluation in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** According to the California MTUS, epidural steroid injections offer no significant long-term functional benefit, nor do they reduce the need for surgery. Criteria for the use of epidural injections requires that radiculopathy be noted on examination and corroborated by imaging and/or electrodiagnostic studies. Within the submitted documentation, there is no significant finding on physical exam to suggest neurologic dysfunction. Furthermore, in reviewing the medical documentation submitted it is noted that in 2012 the injured worker underwent an epidural with some significant improvement, though this was not quantified. Furthermore, there is no level mentioned within the submitted request. Given the above, this request is not medically necessary.

**Acupuncture x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** According to the MTUS guidelines, acupuncture can be considered when pain medications are not tolerated, or reduced. It may also be used as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Typical time frame needed to produce functional benefit is 3-6 sessions. There is no mention of pain medications not being tolerated, or reduced. There is mention of past acupuncture treatments 'with benefit' but this was not specifically quantified. Medical necessity has not been established for this request. Therefore, the request is not medically necessary.

**Lidoderm 5%, 6 refills #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

**Decision rationale:** Regarding Lidoderm patches, the California MTUS Chronic Pain Medical Treatment Guidelines recommend use for localized peripheral pain after evidence of a trial of first line therapy. This is not a first line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The injured worker is not diagnosed with diabetic painful neuropathy, or post-herpetic neuralgia. There is no mention of failure to traditional first

line agents. At this time, this request cannot be supported; the request is not medically necessary.

**Diclofenac 3% topical, 6 refills, #1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS guidelines specifically state regarding Non-steroidal anti-inflammatory agents (NSAIDs): "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2-week period." Voltaren is an approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the hands, wrists, knees, ankles, and feet. It has not been evaluated for treatment of spine, hip, or shoulder conditions. The submitted records do not support this request. Topical NSAIDs are not supported for application to the lumbar spine. There is no mention of why topical NSAIDs are needed above traditional first line oral NSAIDs. This request is not medically necessary.

**Omeprazole 20mg, 6 refills, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Proton Pump Inhibitors are used to treat symptoms of gastritis, peptic ulceration, acid reflux, and/or dyspepsia related to non-steroidal anti-inflammatories (NSAIDs). There is no mention of NSAID-related dyspepsia, nor is there mention of significant risk for gastrointestinal events for this injured worker. Medical necessity has not been established and as such, this request is not medically necessary.

**Limbrel 500mg, 6 refills, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medical Food.

**Decision rationale:** Limbrel (flavocoxid/arachidonic acid), is a medical food and according to the ODG, it is not recommended based on additional evidence of adverse effects. Medical food is defined in section 5(b) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)) as a food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. Medical foods do not have to be registered with the FDA and as such are not typically subject to the rigorous scrutiny necessary to allow recommendation by evidence-based guidelines. There is no support for this request within the submitted records. There is no clear rationale for this request. Therefore, the request is not medically necessary.