

Case Number:	CM15-0038894		
Date Assigned:	03/09/2015	Date of Injury:	07/02/2006
Decision Date:	04/20/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old male who reported an injury on 07/02/2006. The mechanism of injury was not provided. Prior therapies included a medial branch block. The injured worker was noted to undergo a back surgery on 06/20/2007. The injured worker underwent an MRI of the lumbar spine with documentation of 12/16/2014 that revealed the injured worker had pain and tightness in the low back. The injured worker's pain radiated around to his right groin and the top of his right thigh. The here was noted to be an increase of pain in the upper back radiating into the bilateral shoulders. The injured worker reported weakness in the bilateral shoulders. The injured worker's medications included ibuprofen 600 mg up to 3 times per day, Robaxin 750 mg 1 tablet at bedtime, and capsaicin cream. The injured worker had no complaints of constipation, GI discomfort, or nausea with medication use. The injured worker indicated medications allowed improvement in function specifically described as increasing his sleep. The physical examination revealed right paraspinal and midline tenderness. The injured worker had 5/5 strength in the bilateral lower extremities. Range of motion of the lumbar spine was decreased. The straight leg raise was positive on the right and negative on the left. The injured worker was noted to be CURES appropriate. The diagnoses included lumbar DDD, facet arthropathy of the lumbar spine, and lumbar radiculopathy. The treatment plan included a CT scan and bone scan of the lumbar spine to rule out possible pseudoarthrosis, an epidural steroid injection. Additionally, medications including ibuprofen 600 mg #90, topical capsaicin cream to minimize the use of oral medications, and the continuation of Robaxin 750 mg #30 tablet for

muscle spasms. The injured worker was not to use the medication more than 2 to 3 times per day for no more than 1 to 2 weeks. Additionally, there was a request for a medication panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-L4,L4-L5 Transforminal Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of objective findings upon examination of radiculopathy that are corroborated by electrodiagnostic studies or imaging findings. There should be documentation there was an original failure of conservative care, including exercise, physical medicine, NSAIDs, and muscle relaxants. The clinical documentation submitted for review failed to provide documentation of the above criteria. There was a lack of documentation of objective findings upon physical examination to support radiculopathy. There was a lack of documentation of an MRI or electrodiagnostic testing. There was a lack of documentation of a failure of conservative care. Given the above, the request for right L3-L4, L4-L5 transforminal epidural steroid injections is not medically necessary.

Med panel with Complete Blood Count, Comprehensive Metaolic Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The clinical documentation submitted for review failed to provide documentation for a necessity of a med panel with complete blood count and comprehensive metabolic panel. There was a lack of documentation of prior testing to support the necessity for the request. The injured worker had been on medications for an extended duration of time. Given the above, the request for med panel with complete blood count, comprehensive metabolic panel is not medically necessary.

Robaxin 750mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. There use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medications for an extended duration of time. There was a lack of documentation of objective functional benefit and documentation of exceptional factors. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Robaxin 750mg #30, 1 refill is not medically necessary.

Capsaicin Cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations of Capsaicin are generally available as a 0.025% formulation and a 0.075% formulation. However, there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical documentation submitted for review failed to provide documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the body part to be treated and the frequency. There was a lack of documentation indicating the specific quantity of medication being requested. Given the above, the request for capsaicin cream #1 is not medically necessary.