

Case Number:	CM13-0041891		
Date Assigned:	03/28/2014	Date of Injury:	11/12/2012
Decision Date:	04/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 58 year old male who was injured on 11/12/2012 secondary to heavy lifting. Prior treatment history has included electrical stimulation, physical therapy, chiropractic care, and acupuncture (10 visits). His medication regimen consisted of Lyrica, hydrocodone, Motrin and topical cream. Diagnostic studies reviewed include: 1. X-ray of the lumbosacral spine dated 11/13/2012 revealing mild vertebral spondylosis. 2. MRI of the lumbar spine w/o contrast dated 12/12/2012 revealing no evidence of acute fracture. No significant disc pathology, spinal canal or neural foraminal narrowing. 3. Electrodiagnostic study revealing normal NCS and abnormal EMG revealing S1 denervation (clinically-radiculopathy) by electrodiagnostic criteria. Orthopedic consultation dated 10/04/2013 documented the patient to have complaints of continuous pain in the lower back with pain radiating to his left lower extremity. His low back pain is present 100% of the time. He has numbness and tingling in his left lower extremity. The patient indicates on a pain scale from 1-10, with 10 being the worst, the pain most days in his lumbar spine is a level 9. On a good day his pain level is 7. On a bad day his pain increases to 10. Objective findings on exam reveal examination of the lumbar spine with paraspinal spasms and tenderness to palpation on the left side. Sciatic notch tenderness is positive on the left side. The lumbar spine range of motion: Forward flexion 45/60, extension 15/25, right lateral bend 10/25, and left lateral bend 10/25. Straight leg test is positive on the left side. Neurological examination revealed the sensory of the lower extremities reveals decreased light touch over the posterior aspect of the calf and Achilles. Clonus is absent bilaterally. Babinski's reflexes are down going bilaterally. Romberg's test is negative. Toe and heel walk are done with pain. Tandem gait is normal. Motor strength: hip flexors 5/5 bilaterally, quadriceps (L3) 5/5 bilaterally, tibialis anterior (L4) 5/5 bilaterally and EHL (L5) 5/5 bilaterally. Deep tendon reflexes of the patellar tendon (L4) +2 bilaterally and tendo-Achilles (S1) 1+ on the right, 0 on the left. PR-2 dated

02/07/2014 documented the patient complains of constant low back pain rated 8/10 with associated numbness and tingling to the bilateral lower extremities, worse at the back of the left calf. He has shooting pain from the buttocks to the toes. Current medications include Lyrica, Norco, Soma and Motrin. Objective findings on exam reveal examination of the lumbar spine with paraspinal spasm and tenderness, left more than right. There is sciatic notch tenderness on the left. Straight leg raise test is positive on the left. Motor strength reveals weakness of the peroneus longus, extensor hallucis longus and gastrocnemius muscles at 4/5. Diagnosis: L5-S1 herniated nucleus pulposus with left lower extremity radiculopathy and with EMG/NCV study evidence for radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN GEL 120GM: Upheld

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 rationale: According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical application of an NSAID, such as flurbiprofen, may be indicated for short duration use, for osteoarthritis or tendinitis of joints that are amenable to topical treatment, such as wrist and knee, not the lumbar spine. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Topical products may be considered an option in patients who are intolerant to oral medications. The medical records do not establish that to be the case of this patient, as it is documented that he is prescribed oral medications. The medical necessity of this topical analgesic is not been established, and recommendation is this request be non-certified.

MEDROX PATCHES, #60: Upheld

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 <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017-415f-b8f0-54b07b6d6c00>.

Decision rationale: The references reveal Medrox patch is a product that contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin may be recommended only as an

option for patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that he is prescribed oral medications. In addition, the guidelines state 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 medical necessity of this topical analgesic patch is not been established, and recommendation is to non-certify this request.