

<b>Case Number:</b>	CM13-0043539		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/15/2011
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois, Indiana, and Texas. 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 physician 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 36-year-old male who reported a work-related injury as a result of strain to the lumbar spine. The patient currently presents for treatment of the following diagnoses: left-sided low back pain, and status post left sacroiliac joint injection performed on 08/29/2013 without relief. Clinical note dated 09/12/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient presents with left-sided midline low back pain, with radiation of pain into the buttocks. The provider documents the patient subjectively reports his left lower extremity is weak. The patient's medication regimen includes a Flector patch, Dendracin lotion, Tizanidine, and a Ketoprofen/gabapentin/lidocaine compounded topical analgesic. The patient reports 4/10 pain with use of medications and 7/10 without medication. Upon physical exam of the patient, lumbar spine range of motion was at 30 degrees flexion, 5 degrees extension, bilateral lateral flexion 10 degrees, tenderness upon palpation over the left L4-5, L5-S1 facet joints. There was bilateral lumbar paraspinous musculature tenderness with 1+ spasms left greater than right. Lower extremity exam revealed a positive Patrick's test to the left, negative on the right. The patient had 5/5 motor strength noted throughout. Sensation exam was intact, and 2+ reflexes. The provider requested authorization for the patient's current medication regimen, as well as a repeat MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

**Decision rationale:** The current request is not supported. California MTUS/ACOEM indicates, when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The clinical notes failed to evidence the patient is progressing with significant motor, neurological, or sensory deficits upon exam to support a repeat imaging study of the lumbar spine. Given the above, the request for updated lumbar MRI is not medically necessary or appropriate.

**Flector patches 1.3% Q12 H:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence significant objective functional improvements, as well as decrease in rate of pain on a VAS as a result of the patient utilizing multiple topical analgesics for his pain complaints. The clinical notes do not indicate the patient has failed with a specific course of treatment with oral analgesics prior to utilization of topical analgesics. As California MTUS indicates, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Given the above, the request for Flector patches 1.3% every 12 hours is not medically necessary or appropriate.

**Dendracin lotion:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence significant objective functional improvements, as well as decrease in rate of pain on a VAS as a result of the patient utilizing multiple topical analgesics for his pain complaints. The clinical notes do not indicate the patient has failed with a specific course of treatment with oral analgesics prior to utilization of topical analgesics. As California MTUS indicates, topical analgesics are largely experimental in use with few randomized control trials to

determine efficacy or safety. Given the above, the request for Dendracin lotion is not medically necessary or appropriate.

**Topical cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review fails to evidence significant objective functional improvements, as well as decrease in rate of pain on a VAS as a result of the patient utilizing multiple topical analgesics for his pain complaints. The clinical notes do not indicate the patient has failed with a specific course of treatment with oral analgesics prior to utilization of topical analgesics. As California MTUS indicates, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Given the above, the request for topical cream is not medically necessary or appropriate.