MAXIMUS Federal Services

Case Number:	CM13-0063606		
Date Assigned:	12/30/2013	Date of Injury:	07/15/2000
Decision Date:	05/23/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/10/2013

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 Physical Medicine and Rehabilitation, 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 injured worker is a 51-year-old male who reported an injury on 07/15/2000. The mechanism of injury was not provided. The diagnosis was cervical disc displacement. The injured worker underwent previous MRIs to the lumbar spine and cervical spine. The documentation of 07/13/2013 revealed the injured worker had complaints of locking up on the left side of his neck and pain radiating to both arms. The injured worker had lumbar spine pain radiating to the left foot. The objective findings included positive tenderness to palpation in the lumbar paraspinals and decreased range of motion secondary to pain. The treatment plan included an MRI of the cervical spine and lumbar spine and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, MRI.

Decision rationale: Official Disability Guidelines indicate a repeat MRI is not appropriate unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated the injured worker had a previous MRI of the cervical spine. There was a lack of documentation of a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the cervical spine is not medically necessary.

MRI LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: Official Disability Guidelines indicate a repeat MRI is not appropriate unless there is a significant change in symptoms and/or findings suggestive of significant pathology. The clinical documentation submitted for review indicated the injured worker had a previous MRI of the lumbar spine. There was a lack of documentation of a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the lumbar spine is not medically necessary.

COMPOUND CREAM (FLURBIPROFEN 25%, MENTHOL 10%, CAMPHOR 3% & CAPSAICIN .375%): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flurbiprofen, Topical Analgesics, Topical Capsaicin , Topical Salicylates Page(s): 72, 111, 28,. Decision based on Non-MTUS Citation National Library of Medicine - National Institute of Health (NLM-NIH); as well as FDA.gov.

Decision rationale: California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. California MTUS guidelines recommend Topical Salicylates. Methyl Salicylate 10% and camphor 3% are two of the ingredients of this compound. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of antidepressants and anticonvulsants. The efficacy of the requested medication was not established. The duration of use could not be established through submitted documentation. The request as submitted failed to indicate the frequency and the quantity of the medication. Since the guidelines do not recommend 2 of the ingredients, the request for compound cream flurbiprofen 25 %, menthol 10%, camphor 3% and capsaicin .375% is not medically necessary.