

Case Number:	CM14-0174709		
Date Assigned:	10/27/2014	Date of Injury:	03/14/2012
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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, has a subspecialty in Pain Management 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 52-year-old male with date of injury of 03/14/2012. The listed diagnoses per [REDACTED] from 08/01/2014 are: 1. Cervical/lumbar discopathy. 2. Cervicalgia. According to this report, the patient complains of constant pain in the cervical spine that is aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The pain is characterized as sharp. There is radiation of pain in to the upper extremities. He rates his pain 8/10. The patient also complains of low back pain with radiation into the lower extremities. He rates his pain 8/10 in the lower back. Examination shows palpable paravertebral muscle tenderness with spasm in the cervical spine. Positive axial loading compression test is noted. Range of motion is limited with pain. There is tingling and numbness into the lateral forearm and hand, which correlates with the C6-C7 dermatomal pattern. Pain and tenderness was noted in the iliac crest into the lumbosacral spine. Radicular pain component was noted with a positive seated nerve root test, left side greater than the right. Range of motion is restricted. The utilization review denied the request on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, Lidocaine Page(s): 111-112.

Decision rationale: This patient presents with cervical spine and low back pain. The provider is requesting lidocaine/hyaluronic. There is no description of the request nor any rationale. Request for authorization form is also not included. It would appear that this request is for Hyaluronic acid injection but the patient does not present with any description of knee condition. There is a mention of some shoulder symptoms along with mostly neck and low back complaints. Hyaluronic acid injections are not recommended for any other condition other than for "severe osteoarthritis" of the knee condition. Recommendation is not medically necessary.

Flurbiprofen/Capsaic: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Medications Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: This patient presents with cervical spine and low back pain. The provider is requesting Flurbiprofen/Capsaicin. The MTUS Guidelines page 111 on topical NSAIDs states, "Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment of osteoarthritis, but either not afterward or with a diminishing effect over another 2-week period." In addition, MTUS states that it is indicated for osteoarthritis and tendinitis of the knee, elbow, and other joints that are amenable to topical treatment. It is not recommended for the treatment of osteoarthritis of the spine, hip, or shoulder. The report making the request is missing to determine the rationale behind the request. It appears that the provider is requesting this topical compound for the patient's low back pain and MTUS does not support topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. Recommendation is not medically necessary.