

Case Number:	CM14-0038551		
Date Assigned:	06/27/2014	Date of Injury:	07/12/2002
Decision Date:	08/15/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/02/2014

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, and is licensed to practice in Nevada. 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 53 year-old male who was reportedly injured on 7/12/2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/19/2014, indicates that there are ongoing complaints of low back and bilateral lower leg pain. The physical examination is hand written and difficult to interpret. Lumbar spine: limited range of motion with pain, positive spasm/tenderness to para vertebral musculature, positive tenderness bilaterally sciatic notch, positive straight leg raise on the left, 4/5 muscle strength left extensor hallucis longus, decreased sensation bilateral L5-S1. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for x-ray lumbar spine (2 views), and Dendracin topical lotion 120 mL and was not certified on 3/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine X-Ray, 2 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

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 - Lumbar & Thoracic (Acute & Chronic). Updated 7/3/2014. Lumbar spine x-rays.

Decision rationale: X-Rays of the lumbar spine should not be recommended in patients with low back pain, in the absence of red flags for serious spinal pathology, even if pain has persisted for at least 6 weeks. These records include: lumbar spine trauma (a serious bodily injury), pain, tenderness, Lumbar spine trauma: trauma, neurological deficit, Lumbar spine trauma: seat belt (chance) fracture, uncomplicated low back pain, trauma, steroids, osteoporosis, over 70, uncomplicated low back pain, suspicion of cancer, infection. Myelopathy (neurological deficit related to the spinal cord) traumatic, painful, sudden onset, infectious disease patient, oncology patient, and post-surgery: evaluate status of fusion. After review the medical documentation provided the injured worker does have chronic low back pain. However according to the physical exam findings are lacking any criteria concerning a red flag for serious spinal pathology. Therefore this request is deemed not medically necessary.

Dendracin topical lotion, 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Dendracin/ Capsaicin/Menthol/Methyl Salicylate is a topical lotion used for the temporary relief of minor aches and muscle pain associated with arthritis, back aches, strains, muscle soreness and stiffness. It is noted to be experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily this medication is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. After reviewing the medical documentation provided there is not significant evidence-based medicine supporting the use of compounding ingredients and efficacy. Therefore, this request is deemed not medically necessary.