

Case Number:	CM14-0052741		
Date Assigned:	07/07/2014	Date of Injury:	10/22/2009
Decision Date:	08/28/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational Medicine 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 45-year-old male who has submitted a claim for cervical degenerative disc disease, cervical/lumbar radiculopathy, elevated liver enzymes, and lumbosacral or thoracic neuritis or poor coping, and bilateral carpal tunnel syndrome associated with an industrial injury date of October 22, 2009. Medical records from 2013-2014 were reviewed. The patient complained of persistent neck and lower back pain, rated 8/10 in severity. The low back pain radiates to the lower leg, left more than the right. Physical examination showed tenderness on cervical and lumbar paraspinal muscles. Left sacroiliac joint tenderness was also noted. There was reduced range of motion of the cervical and lumbar spine. Straight leg raise test was positive bilaterally. Treatment to date has included medications, physical therapy, cognitive behavioral therapy, acupuncture, home exercise program, TENS unit, activity modification, and trigger point injection. Utilization review, dated April 16, 2014, denied the request for open MRI cervical spine because there was no clear rationale and there was also no neurological deficit in the upper extremities; and denied the request for Lidopro topical ointment because there was no documentation of significant efficacy such as measurable decrease in pain and functional capacity from prior use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Open MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 172. Decision based on Non-MTUS Citation Official Disability Guidelines Neck And Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, MRI.

Decision rationale: As stated on pages 179-180 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, imaging of the cervical spine is indicated for the following: patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the cervical spine for chronic neck pain after 3 months conservative treatment. In this case, the patient complained of persistent neck pain. However, there is no documentation of new injury or trauma to the spine. There is no worsening of subjective complaints and objective findings that may warrant further investigation by utilizing MRI. Also, there is no documentation of treatment and failure of conservative therapy for 3 months. In addition, it is not known whether previous plain film radiographs have been done. There is no clear indication for a cervical spine MRI to be requested. Therefore, the request for Open MRI Cervical Spine is not medically necessary.

Lidopro Topical Ointment: 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; Salicylate topical; Capsaicin topical Page(s): 111-113; 105; 28. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Topical Salicylate.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines pages 111-113 state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro topical ointment contains capsaicin in 0.0325%, lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments. Lidocaine is not recommended for topical applications. In this case, patient has been using Lido-Pro since at least April 2014. The patient has elevated liver enzymes and has no medications until liver function tests were normal. The use of topical

medications may be necessary. However, guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro ointment has components, i.e., capsaicin 0.0325% and lidocaine that are not recommended for topical use. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore the request for Lidopro Topical Ointment is not medically necessary.