

Case Number:	CM14-0188102		
Date Assigned:	11/18/2014	Date of Injury:	07/07/2014
Decision Date:	01/06/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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:

Pursuant to the Doctor's First Report of Occupational Injury or Illness dated October 31, 2014, the IW complains of lumbar spine pain to the center and across the low back in a band like distribution. The pain is constant and sharp. Pain radiates down the posterior left leg to the calf. She has weakness in the thigh, and left lower extremity numbness. She denies left lower extremity tingling. She complains of left lower extremity buckling/giving way. Symptoms are made worse by lifting, pushing, pulling, bending, stopping, and changing from a sitting to a standing position. Symptoms are relieved with walking, lying down and applying heat. Objective physical findings revealed pain to palpation to the supraspinous ligament at L5-S1 bilaterally. There is no paralumbar spasm. Range of motion flexion at 45 degrees, extension at 10 degrees, right lateral bending 30 degrees, left lateral bending 20 degrees, right lateral rotation at 20 degrees, and left lateral rotation at 30 degrees. There is difficulty with heel and toe walk on the left. Hip examination was negative. The IW has been diagnosed with lumbar spine sprain/strain; L4-L5 broad based left-sided disc bulge/protrusion indenting the thecal sac, encroaching on the left lateral recess and impinging left L5 nerve root; discogenic mechanical low back pain; left lumbar radiculopathy/radiculitis; greater trochanter bursitis, left hip. X-ray of the lumbar spine revealed degenerative levoscoliotic curve measuring 20 degrees with apex at L3; syndesmophyte noted at L2-L3. Left hip x-rays were negative. The provider is recommending FlurLido-A cream (Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5%) #240, UltraFlex-G cream (Gabapentin 10%/Cyclobenzaprine 6%/Tramadol 10%) #240. The provider is also recommending a repeat lumbar MRI because he reports that the prior lumbar MRI dated September 5, 2014 states that the lumbar vertebral bodies demonstrate normal height and alignment. The provider indicated that the report is inconsistent and incompatible with the x-rays taken in the office on October

321, 2014. The provider is questioning the accuracy of the MRI, and therefore is requesting a repeat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrflex G Cream 240mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultrflex G #240 g is not medically necessary. Ultrflex G contains topical gabapentin 10%, cyclobenzaprine 6% and tramadol 10%. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnoses are lumbosacral sprain/strain; L4 - five broad base left-sided disc bulge impinging left L5 nerve root; discogenic mechanical low back pain; left lumbar radiculitis/radiculopathy. Topical gabapentin is not recommended. Topical cyclobenzaprine is not recommended. Any compounded product that contains at least one drug (topical cyclobenzaprine and topical gabapentin) that is not recommended is not recommended. Consequently, Ultrflex G (containing gabapentin, cyclobenzaprine and tramadol) is not medically necessary.

Flurlida Cream 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurido A Cream is not medically necessary. Flurido A cream contains Flurbiprophen, lidocaine 5%, and amitriptyline topical. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Other than Lidoderm patch, no other commercially approved topical lidocaine whether cream, lotion or gel is indicated for neuropathic pain. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the

injured worker's working diagnoses are lumbosacral sprain/strain; L4 - five broad base left-sided disc bulge impinging left L5 nerve root; discogenic mechanical low back pain; left lumbar radiculitis/radiculopathy. Topical lidocaine cream is not recommended. Any compounded product that contains a least one drug (lidocaine cream) that is not recommended, is not recommended. Consequently, Flurido A cream (Flurbiprophen, lidocaine 5% and amitriptyline topical) is not medically necessary.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306.

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 Section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine is not medically necessary. MRIs is the test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until after at least one month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, compression, and recurrent disc herniation). The ODG enumerates the criteria for magnetic resonance imaging. See guidelines for details. In this case, the injured worker sustained an injury in July 2014. The injured worker first sought physician evaluation October 2014. The treating physician, orthopedist, evaluated the injured worker and performed plain x-rays. The official report was not in the medical record. However, x-ray results were noted in a typed section of the progress note as degenerative levoscoliotic curve measuring 20 with apex at L3; syndesmophyte noted at L2 - L3. Left hip negative pathology. An MRI was performed September 5, 2014. The results stated lumbar vertebral bodies demonstrate normal height and alignment. The treating physician states this is inconsistent and incompatible with the x-rays taken in the office today. This brings into question the accuracy and the MRI report from September 5, 2014. The treating physician wants to repeat the MRI. The injured worker waited three months before being seen for the work injuries. The injured worker's had no significant physical findings and no new clinical symptoms. Additionally, walking helps relieve the back pain. The x-rays taken by the treating physician (orthopedist) should be brought to the magnetic resonance imaging facility for comparison (by a radiologist) to determine whether the MRI is inconsistent or incompatible with the plain films. There were no plain films (copy from CD) in the medical record or an official report in the medical record. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There were no significant changes in symptoms or findings; however, the irregularity in comparison (plain films and MRI) should be evaluated by the radiologist who performed the magnetic resonance imaging scan. Consequently, repeat MRI lumbar spine is not medically necessary.