

Case Number:	CM14-0209845		
Date Assigned:	12/22/2014	Date of Injury:	05/24/2013
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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 Rehab, has a subspecialty in Interventional Spine 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 40 year old male with an injury date on 05/24/2014. Based on the 10/01/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. L/S: L5-S1 4mm disc protrusion 2. History of bilateral hand/wrist/ankle/leg pain- resolved 3. Anxiety/ Stress/Depression 4. (-) EMG/NCV BLE According to this report, the patient complains of constant low back pain and bilateral leg pain that is a 2/10. Pain is aggravated with repetitive activities and is better with cream and acupuncture. Objective finding indicates restricted lumbar range of motion. Kemp's and Straight leg raise test are positive, bilaterally. MRI of the lumbar spine with Flex-Ext on 09/06/2014 shows: 1. Annular fissure at L5-S12. Disc desiccation associated loss of disc height at L5-S13. Modic Type II end plate degenerative change in the posteroinferior endplate of L54. L5-S1: Stable appearing moderate broad-based posterior disc protrusion causing mild stenosis of the spinal canal and bilateral neural foramen that contact the visualized bilateral L5 exiting nerve roots. Disc measurements: NEUTRAL: 4.0 mm; FLEXION: 4.0 mm; EXTENSION: 4.0 mm. The treatment plan is to request for (check box) Therapy 2x4, Acupuncture, cream prescribed, referral to N/S spine and Psych., and FCE. The patient's work status is "return to modified work with no prolonged standing or walking, must wear brace, and no lifting over 25 lbs." There were no other significant findings noted on this report. The utilization review denied the request for (1) Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5% 240gms, (2) Ophthalmology Evaluation, (3) Neurospine Evaluation, and (4) Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% 240gms on 11/18/2014 based on the ACOEM/MTUS guidelines. The requesting physician provided treatment report dates from 09/06/2014 to 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5% 240gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section: Topical Cream. Page(s): 111-113.

Decision rationale: According to the 10/01/2014 report, this patient presents with constant low back pain and bilateral leg pain that is 2/10. The current request is for Flurbiprofen 20%/ Lidocaine 5%/ Amitriptyline 5% 240gms. Regarding Topical Analgesics, The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." MTUS states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The current request is not medically necessary.

Ophthalmologis Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7 (Independent Medical Examinations and Consultations) page 127 Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 127, Evaluation

Decision rationale: According to the 10/01/2014 report, this patient presents with constant low back pain and bilateral leg pain that is 2/10. The current request is for Ophthalmologist Evaluation. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the treating physician does not documents that the patient has eye pain and there is no sign and symptoms of the eye provided. The current request is not medically necessary.

Neurospine Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 127, Evaluation.

Decision rationale: According to the 10/01/2014 report, this patient presents with constant low back pain and bilateral leg pain that is 2/10. The current request is for Neurospine Evaluation. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, review of the provided reports indicates that the patient has a 4mm "posterior disc protrusion" and an annular fissure at L5-S1. The current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise is required. The request is medically necessary.

Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% 240gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain section: Topical Cream Page(s): 111-113.

Decision rationale: According to the 10/01/2014 report, this patient presents with constant low back pain and bilateral leg pain that is 2/10. The current request is for Capsaicin 0.0375%/ Menthol 5%/ Camphor 2% 240gms. Regarding Camphor, MTUS states, "Other agents: Topical glucosamine, chondroitin and camphor showed significant pain relief for osteoarthritis of the knee after 8 weeks compared to placebo. (Cohen, 2003)." In reviewing the medical reports provided, the treating physician does not document that the patient has osteoarthritis of the knee. Furthermore, MTUS states "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. Therefore, the current request is not medically necessary.