MAXIMUS Federal Services

Case Number:	CM15-0101364		
Date Assigned:	06/03/2015	Date of Injury:	09/09/2012
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 52-year-old male, who sustained an industrial injury on 9/9/12. He reported initial complaints of lower back, right hip and right leg. The injured worker was diagnosed as having lumbar spine HNP; lumbar radiculopathy; lumbar spine degenerative disease; facet arthropathy. Treatment to date has included status post right lumbar epidural steroid injection L4-5 and L5-S1 (11/25/14); chiropractic therapy; physical therapy; medications. Diagnostics included MRI lumbar spine (9/16/13). Currently, the PR-2 notes dated 4/1/15 indicated the injured worker complains of low back, right hip and right leg pain. Objective findings note he does not use any assistive devices or supports. His motor strength is 5/5/ bilaterally in the lower extremities. Deep tendon reflexes are normal and equal bilaterally at 2/2/. He has a mild antalgic gait and a mild limp. The lumbar spine he complains of frequent low back pain with pain radiating into the right lower extremity. The pain is accompanied by numbness and weakness, tingling and burning sensation. It increases with prolonged standing, twisting, walking, lifting, bending, stooping and squatting. He rates the pain on a scale of 9/10. He also complains of right hip pain that is aggravated by waling, standing, stooping, lifting, carrying and twisting. The pain is rated as 9/10. There is noted tenderness to palpation of the lumbar paravertebral muscles with spasms. The right hip notes tenderness to palpation of the anterior hip with muscle spasms and Patrick's Fabere positive on the right. The provider notes the injured worker is currently taking no medication. The provider had previously requested authorization for micro lumbar decompressive surgery bilaterally at L4-L5 and L5-S1 but other PR-2 notes indicate the injured worker was not interested at that time. The provider is requesting: Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluron QTY: 1; Amitriptyline HCL 10%/Gabapentin 10%/ Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in a cream base QTY: 1; Complete Blood Count

(CBC); Comprehensive Metabolic Panel (CMP) and EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluron QTY: 1: Upheld

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

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

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Topical baclofen is not recommended as per MTUS guidelines as there is no peer-reviewed literature to support its use. There are no guidelines for the use of camphor or menthol with the patient's spine complaints. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.

Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in a cream base QTY: 1: Upheld

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

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): Lower back, Bupivacaine.

Decision rationale: The request is medically unnecessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. According to MTUS, topical gabapentin is not recommended, as there is no peer- reviewed literature to support use. Bupivicaine is recommended as a donor-site anesthetic. Otherwise, there are not other guidelines for its use. Any compounded product that contains at least one drug that is not recommended is not recommended. Therefore, the request is not medically necessary.

Complete Blood Count (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment

Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: There are no direct MTUS or ODG guidelines to address this but since the patient had chronic back pain, MTUS guidelines did not reveal any lab work that was essential for diagnosis. Chronic pain medications often need to be monitored which can be addressed through liver and renal function test. This request for a CBC does not have any rationale or medical indications listed. Therefore, the request is not medically necessary.

Comprehensive Metabolic Panel (CMP): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69.

Decision rationale: There are no direct MTUS or ODG guidelines to address this but since the patient had chronic back pain, MTUS guidelines did not reveal any lab work that was essential for diagnosis. Chronic pain medications, specifically NSAIDs often need to be monitored which can be addressed through liver and renal function test. Therefore, the request is considered medically necessary.

EMG/NCV of the Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non- MTUS Citation Official Disability Guidelines, Low Back, Electrodiagnostic testing, Nerve Conduction Studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 309.

Decision rationale: The request for an EMG/NCS of the lower extremities is not medically necessary. EMG is used to clarify nerve root dysfunction and is not indicated for obvious radiculopathy. The patient had electrodiagnostic testing in 2013, which showed right lower extremity radiculopathy and no generalized peripheral neuropathy. The chart mentions radiculopathy of the right lower extremity, which is corroborated by the 2013 EMG/NCS study. A repeat EMG/NCS is not warranted at this time, as there is no change on exam. Therefore, the request is not medically necessary.