

Case Number:	CM15-0130045		
Date Assigned:	07/16/2015	Date of Injury:	11/12/2008
Decision Date:	09/10/2015	UR Denial Date:	06/20/2015
Priority:	Standard	Application Received:	07/06/2015

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 York
 Certification(s)/Specialty: Internal Medicine

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 44 year old male, who sustained an industrial injury on November 12, 2008. He reported low back pain, neck pain and bilateral knee pain after being hit by a falling box while building manufactured mobile homes. The injured worker was diagnosed as having cervical disc syndrome, lumbar disc syndrome, chondromalacia patellae bilaterally, bilateral knee medial meniscal tear, status post open reduction, internal fixation of the right hip with rod placement and right knee arthroscopy, gastroesophageal reflux disease-gastritis-Barrett's mucosa secondary to NSAIDs and stress, irritable bowel syndrome secondary to NSAIDs and stress, hemorrhoids secondary to constipation, diabetes mellitus triggered by stress, obstructive sleep apnea secondary to pain and stress and elevated liver function tests, rule out secondary to medications. Treatment to date has included diagnostic studies, surgical interventions of the right hip and right knee, medications, conservative care and work restrictions. Currently, the injured worker complains of neck pain, back pain, bilateral knee pain, insomnia, depression and stress. The injured worker reported an industrial injury in 2008, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 15, 2015, revealed worsening pain in the toes, improved diarrhea and constipation, improved gastroesophageal reflux with medications and poor sleep. Evaluation on January 24, 2015, revealed continued low back pain, bilateral knee pain, neck pain, stress and insomnia. He rated his pain using a visual analog scale (VAS) of 1-10 with 10 being the worst pain. His low back pain was rated at 7, bilateral knee pain at 7 and neck pain at 4. He did not note if the pain was rated with the use of medications or without medications. Magnetic resonance imaging of

the left knee revealed a large meniscus tear on February 5, 2014. Flurbiprofen 20% Cyclobenzaprine 4%, Lidocaine 5% gm quantity 60 and cervical, lumbar and right knee MRI were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20% Cyclobenzaprine 4%, Lidocaine 5% gm quantity 60: 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: Per the California (CA) MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The CA MTUS notes topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy. If any compounded product contains at least one drug or drug class that is not recommended, the compounded product is not recommended. There was no indication in the documentation of failed first-line agent trials for the treatment of neuropathic pain. As per MTUS, there is no evidence for use of any muscle relaxant as a topical product. Flurbiprofen 20% Cyclobenzaprine 4%, Lidocaine 5% gm quantity 60 is not medically necessary.

MRI of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California (CA) MTUS ACOEM Guidelines support the use of magnetic resonance imaging (MRI) for the knee in the case evidence of significant progression of abnormal gait or worsening symptoms after failed conservative therapy before surgical intervention. It was noted in the provided documentation, the injured worker complained of bilateral knee pain however there was no diagnoses supporting the indications for right knee MRI. Additionally, there was no indication of failed therapies, worsening symptoms or planned surgical intervention. Furthermore, there were no current medical documents with pain or function evaluations. The outcome of other treatment modalities should be assessed before additional studies would be supported. For these reasons, MRI of the right knee is not medically necessary.

MRI of cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California (CA) MTUS ACOEM Guidelines support the use of magnetic resonance imaging (MRI) for the cervical spine in the case evidence of neurologic deficits or in the presence of significant progression of neurological deficits. It was noted consistently in the provided documentation, the injured worker complained of neck pain however there was no diagnoses supporting the indications for cervical MRI. Additionally, there was no indication of cervical neurologic deficits. Furthermore, there were no current medical documents with pain or function evaluations. The outcome of other treatment modalities should be assessed before additional studies would be supported. For these reasons, MRI of the cervical spine is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California (CA) MTUS ACOEM Guidelines support the use of magnetic resonance imaging (MRI) for the lumbar spine in the case of lumbar radiculopathy. It was noted consistently in the provided documentation, the injured worker complained of low back pain however there was no diagnoses supporting the indications for lumbar MRI. In addition, there was no indication of how long the injured worker had been treated with the current plan of care. It is unclear if the pain improved with medications secondary to only one physician's document provided with a pain rating. For these reasons, MRI of the lumbar spine is not medically necessary.