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| Case Number: | CM15-0139281 | | |
| Date Assigned: | 07/29/2015 | Date of Injury: | 10/17/2002 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 06/26/2015 |
| Priority: | Standard | Application Received: | 07/17/2015 |

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: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 58 year old male who sustained an industrial injury on 10-17-02. Diagnoses are cervical discopathy with disc displacement; status post cervical fusion, lumbar discopathy with disc displacement, lumbar radiculopathy, bilateral shoulder impingement syndrome, and bilateral sacroiliac arthropathy. In a progress report dated 5-31-15, the treating physician notes continued complaints of low back pain radiating down both legs associated with numbness and tingling. He states he noted some improvement temporarily after the single epidural steroid session. He has some persistent pain with a burning sensation in his left buttock and left knee. He continues to have bilateral shoulder pain. He has cervical spine pain which radiates into both shoulders. He states the medications and compound creams are helpful in alleviating some of the pain. Medications are Prilosec, Norco, Ultram as well as the compound creams. Work status is to remain off of work. He was last provided medications on 4-23-15. There is minimal tenderness to palpation over the cervical paraspinal musculature. Tenderness to palpation over the bilateral upper trapezius muscles is noted. Neer's, Hawkins' and Obrien's tests are positive. A lumbar spine exam reveals tenderness to palpation. There is decreased range of motion secondary to pain and stiffness. Supine straight leg raise is positive at 20 degrees bilaterally. Faber-Patrick's test is positive. Sensation is diminished to light touch and pinprick at the left L5 and S1 dermatomal distribution. An MRI of the lumbar spine was done 5-18-15. The requested treatment is Flurbiprofen 25%-menthol10%-Camphor 3%-Capsaicin 0.375% topical compound cream 60 grams, MRI of the lumbar spine with contrast, and Platelet Rich Plasma injection to the epidural disc space at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.375% topical compound cream 60gm: 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 Analgesic Page(s): 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his neuropathic pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. Flurbiprofen is not recommended as a compounded agent as it can be safely taken orally. Consequently continued use of the above listed compounded agent is not supported at this time. The request is not medically necessary.

MRI of the lumbar spine with contrast: Upheld

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

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

Decision rationale: According to ACOEM guidelines referenced by MTUS, lumbar MRI is an appropriate diagnostic study "if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." Based on this the MRI that was obtained on 5/18/15, it shows a "presumed 3 cm tralov cyst". The diagnosis was made with the initial MRI; further MRI with contrast is no needed to confirm this diagnosis. Therefore based on the cited medical records the requested imaging study is not medically necessary.

1 Platelet Rich Plasma injection to the epidural disc space at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Acute and Chronic, Platelet rich plasma.

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 Acute and Chronic; Platelet rich plasma 5/15/15.

Decision rationale: According to ODG guidelines, MTUS is silent, "PRP in spine surgery are limited a controersial. In RCT, adding PRP in posterior lumbar fusion d not lead to a substantial improvement when compared with autologous bone only. The expense of using PRP cannot be justified until statistical significance can be reached in a larger study (SYs, 2012)." Based on lack of clinical efficacy and mixed clinical studies, PRP is considered experimental and not routinely recommended or considered medically necessary.