

Case Number:	CM15-0148091		
Date Assigned:	08/11/2015	Date of Injury:	11/20/2010
Decision Date:	09/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 11-20-10. The injured worker was diagnosed as having lumbar disc disorder, right ankle internal derangement, and insomnia. Currently, the injured worker reported lumbar and sacral pain. Previous treatments included topical analgesics and an interferential unit. Previous diagnostic studies included a magnetic resonance imaging, electromyography and nerve conduction velocity study. Work status was noted as working with modifications. The injured workers pain level was noted as 5 out of 10. Physical examination was notable for right upper extremity numbness and tingling, decreased lumbar range of motion, palpable lumbar tenderness. The plan of care was for Flurbiprofen-Baclofen-Dexamethasone-Menthol-Camphor-Capsaicin-Hyalunoric acid 180 grams and a magnetic resonance imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin/Hyalunoric acid 20%/2%/2%/2%/2%/0.0375%/0.20% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 22.

Decision rationale: The patient was injured on 11/20/10 and presents with lower thoracic spine pain, lumbar spine pain, sacroiliac pain, and sacral pain. The request is for Flurbiprofen/ Baclofen/ Dexamethasone/ Menthol/ Camphor/ Capsaicin/ Hyaluronic Acid 20%/2%/2%/2%/ 2%/0.0375%/20% in 190 grams. The RFA is dated 06/18/15 and the patient is working with modifications. MTUS Guidelines, Topical Analgesics, page 111 states: Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen, an NSAID, is indicated for peripheral joint arthritis/ tendinitis. MTUS also states that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. MTUS, page 29, Capsaicin, topical, Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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. The patient has a decreased lumbar spine range of motion and palpable lumbar tenderness. He is diagnosed with lumbar disc disorder, right ankle internal derangement, and insomnia. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Baclofen, which is not supported for topical use in lotion form, per MTUS. This topical also contains 0.0375% formulation of capsaicin, which is not recommended by MTUS. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRIs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar & Thoracic) Chapter, under MRI.

Decision rationale: The patient was injured on 11/20/10 and presents with lower thoracic spine pain, lumbar spine pain, sacroiliac pain, and sacral pain. The request is for MRI of the lumbar spine. The RFA is dated 06/18/15 and the patient is working with modifications. Review of the reports provided does not indicate if the patient had a prior MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines, Low Back (Lumbar & Thoracic) Chapter, under MRIs states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has a decreased lumbar spine range of motion and palpable lumbar tenderness. He is diagnosed with lumbar disc disorder, right ankle internal derangement, and insomnia. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain, the requested MRI of the lumbar spine is medically necessary.