

<b>Case Number:</b>	CM15-0148442		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/29/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old male, who sustained an industrial injury on March 29, 2014. The injured worker was diagnosed as having lumbar microdiscectomy, lower right extremity radicular symptoms, urinary urgency and facet arthrosis and stenosis. Treatment to date has included electromyogram, nerve conduction study, magnetic resonance imaging (MRI) and medication. A progress note dated May 26, 2015 provides the injured worker complains of low back pain radiating to the right leg with numbness and weakness. He rates the pain 6 out of 10. Motrin reduces the pain to 2-3 out of 10. Physical exam notes lumbar tenderness to palpation, decreased range of motion (ROM), positive Kemp's and straight leg raise. There is decreased sensitivity over the right thigh and knee with atrophy over the right quadriceps muscle. The plan includes physical therapy, consultation, follow-up and oral and topical medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Office/outpatient visit, new (consultation 2nd opinion, spine):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical

Examinations and Consultations pages 127 and 156 Official Disability Guidelines, Pain Chapter (updated 6/15/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Office visits.

**Decision rationale:** Office/outpatient visit, new (consultation 2nd opinion, spine) is medically necessary per the MTUS and ODG Guidelines. The 6/25/15 progress note indicated decreased strength of the right knee extension and RLE dorsiflexion. The 5/26/15 electrodiagnostic study revealed a chronic right L5 radiculopathy. The 5/11/15 MRI of the low back revealed moderate to marked right L4 foraminal stenosis. The patient continues to work and is noted to have worsening symptoms. The 5/26/15 progress note indicates that the patient has RLE weakness. Given the patient's physical exam finding with electrodiagnostic and imaging findings and progressive symptoms/pain a request for a consultation second opinion spine specialist is medically necessary.

**Flurbiprofen/Baclofen/Lidocaine cream (20%/ 5%/ 4%) 180gm:** 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:** Flurbiprofen/Baclofen/Lidocaine cream (20%/ 5%/ 4%) 180gm is not medically necessary per the MTUS Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment and are for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The MTUS does not support , topical Baclofen, or topical Lidocaine in this formulation for this patient's condition. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate extenuating reasons to go against guideline recommendations therefore this request is not medically necessary.

**Office/outpatient visit, established (follow-up visit with spine specialist):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Office visits.

**Decision rationale:** Office/outpatient visit, established (follow-up visit with spine specialist) is not medically necessary per the MTUS Guidelines is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation does not reveal details regarding outcome of prior epidural injections in regards to documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. A consultation with a spine surgeon was recommended as medically necessary and outcome of PT is not yet noted therefore without results of the consultation, details of prior epidurals, and outcome of PT the request for a follow up with a spine specialist is not medically necessary at this point.