

<b>Case Number:</b>	CM15-0161115		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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

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 29 year old female who sustained an industrial injury on May 13, 2013. A recent primary treating office visit dated July 23, 2015 reported subjective complaint of neck, left shoulder, lower back and left hand pain. She is currently working and stated stopping the use of Motrin secondary to gastric upset. Objective assessment found the left shoulder tender to palpation and limited flexion and abduction. The following diagnoses were applied: cervical and lumbar spine rule out disc herniation; left shoulder rotator cuff syndrome, and left wrist strain, DeQuervain's tenosynovitis. The plan of care noted recommending a hand specialist consultation, a magnetic resonance imaging (MRI) of lumbar spine ruling out herniated nucleus pulposus versus degenerative joint disease, and a topical compound cream. There is also recommendation to utilize a transcutaneous nerve stimulator unit. She is to remain on a regular work duty. At follow up dated June 17, 2015 the subjective data, objective findings, and treating diagnoses remained unchanged. The plan of care noted pending response for hand consultation, MRI of lumbar spine. Motrin noted prescribed this visit along with the standing recommendation to use a topical compound cream. Even back at follow up dated April 29, 2015 there is noted recommendation to undergo a MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine without contrast: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, under MRIs.

**Decision rationale:** The patient presents with low back pain, pain in the left shoulder and left hand. The request is for MRI of the lumbar spine without contrast. Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation to the paraspinal muscles bilaterally. Examination to the left shoulder revealed tenderness to palpation. Range of motion was noted to be limited. Per 06/17/15 progress report, patient's diagnosis include cervical and lumbar spine, rule out disc herniation; left shoulder rotator cuff syndrome; left wrist de Quervain's tenosynovitis. Patient's medication, per 04/24/15 progress report includes Flexeril. Patient's work status is modified duties. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: " Indications for imaging; Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. The treater does not specifically mention this request. Review of the medical reports provided do not indicate a prior MRI of the lumbar spine. The patient continues with low back pain. Physical examination to the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally. In this case, treater has not documented "Unequivocal objective findings that identify specific nerve compromise" on physical exams, as required by ACOEM. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms such as radiating pain or positive exam findings of nerve root compromise. There is no documentation of any red flags such as bowel/bladder problems, progressive neurologic findings to warrant an MRI either. The request IS NOT medically necessary.

**Flurbiprofen/ Baclofen/ Lidocaine cream (20%/ 5 %/ 4 %) 180gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with low back pain, pain in the left shoulder and left hand. The request is for Flurbiprofen/Baclofen/ Lidocaine cream (20%/5%/4%) 180 GM. Physical examination to the lumbar spine on 07/16/15 revealed tenderness to palpation to the paraspinal muscles bilaterally. Examination to the left shoulder revealed tenderness to palpation. Range of motion was noted to be limited. Per 06/17/15 progress report, patient's diagnosis include cervical and lumbar spine, rule out disc herniation; left shoulder rotator cuff syndrome; left wrist de Quervain's tenosynovitis. Patient's medication, per 04/24/15 progress report includes

Flexeril. Patient's work status is modified duties. MTUS has the following regarding topical creams (p111, chronic pain section): "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. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." The treater does not discuss this medication. Review of the medical records provided indicate that the patient was prescribed this compound topical medication from 06/17/15 through 07/16/15. However, the treater has not the efficacy of this topical medication in terms of pain reduction and functional improvement. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Furthermore, this topical contains Baclofen and Lidocaine, which are not supported for topical use by the guidelines. MTUS p111 states that if one of the ingredients is not indicated, then the entire compound is not indicated. Therefore, the request IS NOT medically necessary.