

Case Number:	CM15-0213412		
Date Assigned:	11/03/2015	Date of Injury:	09/07/2011
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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(n) 42 year old male, who sustained an industrial injury on 9-7-11. The injured worker was diagnosed as having lumbar intervertebral disc disorder with myelopathy. Subjective findings (4-23-15, 5-27-15, 6-1-15 and 8-19-15) indicated 6-8 out of 10 pain in the lower back that radiates to the right leg. Objective findings (4-23-15, 5-27-15, 6-1-15 and 8-19-15) revealed decreased lumbar range of motion and palpable tenderness and spasms in the lumbar spine. As of the PR2 dated 9-30-15, the injured worker reports 7 out of 10 pain in the lower back that radiates to the right leg. He indicated that acupuncture helps with activities of daily living. Objective findings include decreased lumbar range of motion and palpable tenderness and spasms in the lumbar spine. Treatment to date has included a lumbar steroid injection on 3-1-12, Omeprazole, Naproxen and Flurbiprofen 20%-Baclofen 2%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.0375%-Hyaluronic Acid 0.20% (since at least 4-23-15). The Utilization Review dated 10-6-15, non-certified the request for FCL (Flurbiprofen 20%-Baclofen 2%-Dexamethasone 2%-Menthol 2%-Camphor 2%-Capsaicin 0.0375%-Hyaluronic Acid 0.20%) 180gms and acupuncture 2 x weekly for 3 weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

FCL (Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0.20%) 180gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0351-0400/ab_378_bill_20110908_amended_sen_v94.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/dexamethasone.html>.

Decision rationale: FCL (Flurbiprofen 20%/Baclofen 2%/Dexamethasone 2%/Menthol 2%/Camphor 2%/Capsaicin 0.0375%/Hyaluronic Acid 0.20%) 180gms grams is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and an online review of Dexamethasone. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Dexamethasone is a corticosteroid used to treat inflammatory conditions per an online review of this medication. The MTUS 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: Recommended 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. Menthol and Camphor are ingredients in Ben Gay, which is a methyl salicylate and supported by the MTUS. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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 MTUS does not support topical Baclofen and there are no extenuating circumstances in the documentation submitted which would necessitate going against guideline recommendations therefore this request is not medically necessary.

Acupuncture 2 x 3, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Online Version, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture 2 x 3, lumbar spine is not medically necessary per the MTUS Acupuncture Medical Treatment Guidelines. The MTUS Acupuncture Medical Treatment Guidelines recommend that the time to produce functional improvements is 3-6 treatments and acupuncture treatments may be extended if functional improvement is documented. The request as written would exceed the recommended number of visits of acupuncture. Additionally, the documentation indicates that the patient has had prior acupuncture. It is not clear that prior acupuncture has resulted in objective evidence of increased function therefore this request is not medically necessary.