

Case Number:	CM15-0220585		
Date Assigned:	11/13/2015	Date of Injury:	01/26/2006
Decision Date:	12/24/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/09/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 46-year-old male with a date of industrial injury 1-26-2006. The medical records indicated the injured worker (IW) was treated for sprain of ligaments of the lumbar spine, subsequent encounter; intervertebral disc disorders with radiculopathy, lumbar and lumbosacral region; and other specified post-procedural states. In the progress notes (10-21-15), the IW reported lumbar spine pain rated 7 to 8 out of 10, which was worse than the last visit, radiating to the bilateral upper and lower extremities. His medications, Motrin and Lyrica, were helpful. His pain was rated consistently 8 out of 10 at his 9-21-15 and 9-30-15 visits. On examination (10-21-15 notes), he walked and moved with difficulty, using a cane. There was tenderness over the midline and lumbar paraspinal musculature with hypertonicity noted. There was asymmetrical loss of range of motion. Straight leg raise was positive in both lower extremities. Sensation was decreased and strength was 4 out of 5. Treatments included lumbar fusion (30% improvement). He was released for modified work. The treatment plan called for a CT scan of the lumbar spine and transdermal cream for pain. The physical exams remained unchanged over the last three months with no new symptoms or injuries. A CT scan of the lumbar spine from 3-11-15 was referenced in the Agreed Medical Examiner's Supplemental Report dated 6-22-15. It reportedly showed incomplete anterior and posterior fusion at L5-S1 associated with early loosening of the left S1 screw; a fracture through the upper portion of the right side of the sacrum; solid fusion from L3 to L5; and congenital and acquired central spinal canal stenosis at L2-3. The IW was already taking an anti-inflammatory medication with no improvement in pain; Flurbiprofen-Menthol cream was first requested 7-2015 and the documentation did not clearly show if he had

received it or whether he had improved pain and function from its use. A Request for Authorization dated 10-23-15 was received for a CT scan of the lumbar spine with contrast and Flurbiprofen 20% and Menthol 5%, 180 grams. The Utilization Review on 10-30-15 non-certified the request for a CT scan of the lumbar spine with contrast and Flurbiprofen 20% and Menthol 5%, 180 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) CT scan of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

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 section, Computed tomography (CT).

Decision rationale: Pursuant to the Official Disability Guidelines, one (1) CT scan of the lumbar spine with contrast is not medically necessary. Magnetic resonance imaging has largely replaced cubit tomography scanning in the noninvasive evaluation of patients with painful myelopathy because of superior soft tissue resolution and multiplanar capability. The new ACP/APS guideline states CT scanning should be avoided without a clear rationale for doing so. Indications for CT scanning include, but are not limited to, thoracic spine trauma with neurologic deficit, equivocal or positive plain films with no neurologic deficit; lumbar spine trauma with neurologic deficit; etc. in this case, the injured worker's working diagnoses are sprain of ligaments of the lumbar spine, subsequent encounter; intervertebral disc disorders with radiculopathy, lumbar and lumbosacral region; and other specified post-procedural states. Date of injury is January 26, 2006. Request for authorization is October 21, 2015. The injured worker is under the care of three providers. The providers include a general orthopedist (the requesting provider), a spinal surgeon and a neurologist. According to an October 23, 2015 progress note, the treating general orthopedist is requesting a CAT scan of the lumbar spine with contrast. Documentation indicates the injured worker sustained in exacerbation of low back pain. Subjectively, there is thoracic / lumbar pain 8/10. Pain radiates to the bilateral upper and lower extremities. Medication includes Lyrica. Objectively, there is tenderness in the midline lumbar spine and paraspinal muscles. Range of motion is decreased and there is positive straight leg raising. A spinal surgery consultation dated August 15, 2015 indicated the lumbar fusion was intact and stable. A neurology consult dated September 16 2015 did not contain a physical examination. The requesting provider did not have copies of the consultation notes from the orthopedic spine surgeon and the neurologist. There is no clinical indication for a contrast lumbar spine CAT scan. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a contrast lumbar spine and outstanding consultation reports by the orthopedic spine surgeon and neurologist, one (1) CT scan of the lumbar spine with contrast is not medically necessary.

Flurbi/Menth 20/5% 180 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbi/Menth 20%/5%, 180 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are sprain of ligaments of the lumbar spine, subsequent encounter; intervertebral disc disorders with radiculopathy, lumbar and lumbosacral region; and other specified post-procedural states. Date of injury is January 26, 2006. Request for authorization is October 21, 2015. The injured worker is under the care of three providers. The providers include a general orthopedist (the requesting provider), a spinal surgeon and a neurologist. According to an October 23, 2015 progress note, the treating general orthopedist is requesting a CAT scan of the lumbar spine with contrast. Documentation indicates the injured worker sustained an exacerbation of low back pain. Subjectively, there is thoracic / lumbar pain 8/10. Pain radiates to the bilateral upper and lower extremities. Medication includes Lyrica. Objectively, there is tenderness in the midline lumbar spine and paraspinal muscles. Range of motion is decreased and there is positive straight leg raising. A spinal surgery consultation dated August 15, 2015 indicated the lumbar fusion was intact and stable. A neurology consult dated September 16, 2015 did not contain a physical examination. Flurbiprofen is not FDA approved for topical use. Any compounded product contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbi/Menth 20%/5%, 180 g is not recommended. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Flurbi/Menth 20%/5%, 180 g is not medically necessary.