

Case Number:	CM15-0221528		
Date Assigned:	11/17/2015	Date of Injury:	05/25/2007
Decision Date:	12/30/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/11/2015

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 50 year old female, who sustained an industrial-work injury on 5-28-07. The injured worker was diagnosed as having status post lumbar spine surgery syndrome. Treatment to date has included status post lumbar spine surgery and medication (Exoten-C, Lidoderm 5% patch). Currently, the injured worker complains of continued low back pain radiating into the legs down to the feet with numbness in bilateral feet. Medication was not taken (did not receive any medication) and there was difficulty with sleeping. Per the primary physician's progress report (PR-2) on 9-23-15, exam noted slightly painful ambulation, tenderness, and spasm at L1 to sacrum, reduced range of motion, positive straight leg raise, sensation was intact, and 1+ DTR (deep tendon reflexes) bilaterally. Current plan of care includes medication, short course of physical therapy, lumbar spine support, and follow up visit. The Request for Authorization requested service to include Lumbar spine support belt and Exoten C lotion, #120gm. The Utilization Review on 10-14-15 denied the request for Lumbar spine support belt and Exoten C lotion, #120gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine support belt: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

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 chapter under Lumbar Supports.

Decision rationale: Based on the 9/23/15 progress report provided by the treating physician, this patient presents with low back pain radiating down the bilateral legs all the way down to the bilateral feet with numbness. The treater has asked for Lumbar spine support belt on 9/23/15. The patient's diagnosis per request for authorization dated 9/23/15 is s/p lumbar spine surgery. The patient is s/p posterior spinal fixation L4-5, posterior lateral arthrodesis and fusion at L4-5, laminectomies and bilateral foraminotomies at L4-5 for decompression from 1/6/14 according to the 4/25/14 report. The patient is not currently taking any medications per 9/23/15 report. The patient has not yet had any postoperative physical therapy according to 9/23/15 report. The patient is currently having difficulty sleeping per 9/23/15 report. The patient has settled her case with open future medical care per 8/19/15 report. ODG-TWC, Low Back chapter under Lumbar Supports states that lumbar supports such as back braces are "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option), Under study for post-operative use." The treater has made a request for "lumbar spine support belt" per progress report dated 9/23/15. The treater does not discuss this request in the reports provided. Physical examination of the lumbar spine, as per the same report, revealed tenderness to palpation or spasm bilaterally from L1 to the sacrum, restricted range of motion of the lumbar spine, straight leg raise caused hamstring tightness, normal gait pattern but heel/toe ambulation is slightly painful, and sensation intact in all dermatomes. Utilization review letter dated 10/14/15 denies the request as ACOEM guidelines do not show lumbar supports to have lasting benefit beyond the acute phase of care. There is no lumbar MRI per review of reports, but a lumbar X-ray dated 2/25/14 showed "no evidence for hardware loosening or fracture. Previously seen grade 1 anterolisthesis of L4 on L5 is improved. There is no increased subluxation with dynamic imaging." Per lumbar X-ray, there is no radiographic evidence of instability. The provided reports do not document spinal instability, spondylolisthesis or compression fractures, either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request is not medically necessary.

Exoten C lotion, #120gm: Upheld

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

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

Decision rationale: Based on the 9/23/15 progress report provided by the treating physician, this patient presents with low back pain radiating down the bilateral legs all the way down to the bilateral feet with numbness. The treater has asked for Exoten C lotion, #120gm on 9/23/15. The

patient's diagnosis per request for authorization dated 9/23/15 is s/p lumbar spine surgery. The patient is s/p posterior spinal fixation L4-5, posterior lateral arthrodesis and fusion at L4-5, laminectomies and bilateral foraminotomies at L4-5 for decompression from 1/6/14 according to the 4/25/14 report. The patient is not currently taking any medications per 9/23/15 report. The patient has not yet had any postoperative physical therapy according to 9/23/15 report. The patient is currently having difficulty sleeping per 9/23/15 report. The patient has settled her case with open future medical care per 8/19/15 report. Exoten C lotion is a topical analgesic that consists of methyl salicylate 20%, menthol 10%, and capsaicin 0.002%. MTUS guidelines, topical analgesics section page 111 states: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended Indications: 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 Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: 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. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses." Per 8/19/15 report, the treater states that "patient is scared of taking the oral medications, I am giving her a prescription of Exoten-C lotion for local application." Utilization review letter dated 10/14/15 denies the request, stating that topical salicylate is not recommended for treatment for the spine, and as guidelines do not support the use of topical menthol. The patient has not taken any oral medications since the 2/25/14 report, when the patient was taking opiates postoperatively. In regard to the Exoten-C lotion, the requesting physician has provided evidence that this patient is intolerant of other treatments. MTUS guidelines recommend the use of topical formulations with Capsaicin in cases where other treatments have failed to provide the desired benefits, and for chronic pain conditions such as nonspecific low back pain. However, the Exoten-C lotion also contains methyl salicylate and menthol. MTUS guidelines do not recommend topical NSAIDs for axial spine pain, and there is no indication of peripheral joint arthritis for which the medication is recommended. Per guidelines, if one ingredient in the compounded cream is not indicated, the entire medication is also not indicated. Hence, the request is not medically necessary.