

<b>Case Number:</b>	CM15-0030596		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Arizona, Texas

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:

The injured worker is a 65-year-old male, who sustained a work/industrial injury on 5/19/04 while involved in a quick head turn while operating a vehicle. He has reported symptoms of neck and back pain. Prior medical history was negative. The diagnoses have included discogenic condition of cervical and lumbar spine. Treatments to date include medications, physical therapy, chiropractic care, and distant electrical stimulation. Diagnostics included Magnetic Resonance Imaging (MRI) and electromyogram studies that diagnosed left C6 radiculopathy. Scan described degenerative disc and vertebral changes with foraminal stenosis. Medications included Naflon, Tramadol, Flexeril, Lidopro, and Protonix. The treating physician's report (PR-2) from 1/16/15 indicated low back pain and the exam reported reduced lumbar range of motion without any other significant changes. A request was made for a repeat MRI scan and topical compound medication. On 1/26/15 Utilization Review non-certified a MRI of the lumbar spine, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines. On 1/26/15, Utilization Review non-certified a compound medication, noting the Official Disability Guidelines Chronic Pain Compounding Drugs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** 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): 166-194.

**Decision rationale:** According to the ACOEM criteria for ordering an MRI for cervical or lumbar pain is emergence of a red flag (suspicion of a tumor, infection, fracture or dislocation), physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. When the neurologic exam is not definitive further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Such information can be obtained by an EMG or NCS. In this case the primary treating physician does not document a neurological exam consistent with significant dysfunction that would indicate a red flag. There is no surgical intervention planned and the injured worker is not participating in a strengthening program. An MRI of the cervical or lumbar spine is not medically necessary.

**Compound medication:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

**Decision rationale:** According to the MTUS section on chronic pain 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. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case the documentation doesn't support that the patient has failed first line treatment.