

Case Number:	CM15-0055214		
Date Assigned:	03/30/2015	Date of Injury:	08/18/2007
Decision Date:	05/05/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/23/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, 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 60 year old female, who sustained an industrial injury on 8/18/2007. She reported pain in the lumbar region and left leg while cleaning a dresser. The injured worker was diagnosed as having severe degenerative disc disease with spinal stenosis L3-4, status post back surgery, left L4 radiculitis, chronic thoracic and cervical pain, cervical radiculitis, and pain related depression. Treatment to date has included spinal surgery in 2011, magnetic resonance imaging of the cervical spine on 8/05/2008, electromyogram and nerve conduction studies of the upper extremities on 11/19/2009, home exercise program, transcutaneous electrical nerve stimulation unit, and medications. On 1/23/2015, the injured worker complained of constant lumbar pain, rated 7/10, and intermittent numbness to the left sole. She also reported constant pain on the left side of her neck, with radiation down both arms. She had grip weakness on both sides. She reported sleeping poorly and waking up often. Current medication use included Tramadol ER, Venlafaxine, Docuprene, and Senna. Exam of the lumbar spine noted decreased range of motion and tenderness to the lumbar and thoracic paraspinals, left greater than right, and ambulation with a walker. Exam of the cervical spine noted decreased range of motion and tenderness, left greater than right. The treatment plan included continued home exercise program and transcutaneous electrical nerve stimulation unit, back support, physical therapy for the cervical area (3x4), refill Tramadol, prescribed Tramadol and Senna, dispensed Lidopro topical, dispensed Lunesta, updated magnetic resonance imaging of the cervical spine, and updated electromyogram and nerve conduction studies of the upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: MRI of the cervical spine (date of service 1/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to MTUS guidelines, MRI of the cervical spine is recommended if there is clinical or neurophysiological evidence of disc herniation or an anatomical defect and if there is failure of therapy trials. There is no clinical evidence of anatomical defect or nerve compromise in this case. Therefore, the retrospective request for an MRI of cervical spine is not medically necessary.

Retro: back support (date of service 1/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the retrospective request for back support is not medically necessary.

Retro: Lidopro ointment (Capsaicin/lidocaine/Menthol/Methyl salicylate) 4oz (date of service 1/23/15): Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin,

menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. There is no documentation of pain and functional improvement with previous use of Lido Pro. Based on the above, the retrospective request of Lido Pro cream is not medically necessary.