

Case Number:	CM15-0056496		
Date Assigned:	04/01/2015	Date of Injury:	07/26/2011
Decision Date:	05/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/24/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 66 year old male who sustained an industrial injury on 7/26/11. The mechanism of injury is unclear. He currently complains of constant right sided neck pain radiating to the right shoulder and between the shoulder blades, low back pain, upper neck pain radiating around the skull triggering frequent headaches. Medications are Dendracin Lotion, naproxen sodium, Lyrica, tizanidine. Diagnoses include lumbosacral facet arthropathy; neuralgia occipital; myofascial pain syndrome; cervical facet arthropathy; left/ right shoulder arthroscopy; neuralgia occipital; myofascial pain syndrome. Treatments to date include bilateral occipital nerve block with 70% relief of pain for 3 weeks; trigger point injections on bilateral cervical paravertebral. Diagnostics include MRI of the lumbar spine (3/19/13) with abnormal findings. In the progress note dated 3/12/15 the treating provider's, plan of care requests lumbar median branch blocks bilateral L3, L4, and L5. In addition, topical creams were discussed with the injured worker but not specifically mentioned by name and the treating physician ordered to continue with current medications as they are working well with no side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Medial Branch Block with Fluoroscopic Guidance Bilateral L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007, Low Back - Lumbar & Thoracic (Acute & Chronic), Facet Joint Diagnostic Block (injections).

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 Pain Chapter: Lumbar Medial Branch Block.

Decision rationale: Lumbar Medical Branch Block with Fluoroscopic Guidance Bilateral L3-5 is not medically necessary. The Occupation medicine practice guidelines criteria for use of diagnostic facet (medial branch) blocks require: that the clinical presentation be consistent with facet pain; Treatment is also limited to patients with cervical pain that is nonradicular and had no more than 2 levels bilaterally; documentation of failed conservative therapy including home exercise physical therapy and NSAID is required at least 4-6 weeks prior to the diagnostic facet block; no more than 2 facet joint levels are injected at one session; recommended by them of no more than 0.5 cc of injectate was given to each joint; no pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4-6 hours afterward; opioid should not be given as a sedative during the procedure; the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety; the patient should document pain relief with the management such as VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity level to support subjective reports of better pain control; diagnostic blocks should not be performed in patients in whom surgical procedures anticipated; diagnostic facet block should not be performed patients who have had a previous fusion procedure at the plan injection level. There is no documentation that the enrollee has tried and failed at least 4-6 weeks of conservative therapy including physical therapy and NSAIDs; therefore, the requested procedure is not medically necessary.

Dendracin Lotion, quantity 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Dendracin Lotion, #240 grams is not medically necessary. Dendracin is compounded with Menthol and Methyl Salicylate. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Per CA MTUS page 111 states that topical analgesics such as Methyl Salicylate, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). Additionally, Per CA MTUS page 111 states that topical analgesics are

"recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)" Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the compounded mixture is not medically necessary. The request was not specific as to what area the compound cream will be used. Additionally, there is little evidence to utilize topical NSAIDs and Menthol for treatment of pain associated with the spine, hip or shoulder; therefore, compounded topical cream is not medically necessary.