

Case Number:	CM15-0060206		
Date Assigned:	04/06/2015	Date of Injury:	04/06/2014
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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, 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 41 year old female, who sustained an industrial injury on 4/6/14. She reported initial complaints of headache, neck and low back pain and right buttock pain. The injured worker was diagnosed as having chronic pain disorder; neck pain; low back pain radiculitis; L5-S1 degenerative disc disease; myofascial pain. Treatment to date has included MRI cervical and lumbar spine (8/19/14); status post right L5 and S1 selective nerve root block (10/29/14); status post posterior lumbar right L5-S1 laminectomy and facetectomy (2/11/15). Currently, the PR-2 surgeon notes dated 2/26/15 indicate the injured worker is a two-week post-operative right L5-S1 laminectomy/facetectomy with excellent progress. Currently, the injured worker is taking Norco for pain. The PR-2 notes dated 3/4/15 indicated the injured worker complained of constant neck and back pain with less tingling in toes. The neck pain is described as radiating to both arms and back pain with limited motion. Symptoms are exacerbated by motion. This physician has requested a lumbar brace and Flurbiprofen 20%, Lidocaine 5% 4 gm, top bid - tid prn alternating with Cyclobenzapren 10%, Lidocaine 2%, 4 gm top bid to minimize opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 138-139. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtw/low_back.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar Supports.

Decision rationale: Regarding the request for lumbosacral orthosis, ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ODG states that lumbar supports are not recommended for prevention. They go on to state the lumbar support are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. ODG goes on to state that for nonspecific low back pain, compared to no lumbar support, elastic lumbar belt maybe more effective than no belt at improving pain at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, the evidence was very weak. Within the documentation available for review, it does not appear that this patient is in the acute or subacute phase of his treatment, since the injury was well over 3-6 months ago (which is the customary definition for chronic pain). As such, the currently requested lumbosacral orthosis is not medically necessary.

Flurbiprofen 20%, Lidocaine 5% 4 gm, top bid - tid prn alternating with Cyclobenzapren 10%, Lidocaine 2%, 4 gm top bid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: In order for a compounded medication to be approved, all components must be recommended by the CPMTG. Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested compounded topical medication containing flurbiprofen and lidocaine is not medically necessary. Regarding the second compounded cream, again there is a request for lidocaine in a topical formulation other than Lidoderm. Regarding the request for topical Flexeril, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. Furthermore, the same guidelines specify that if one component of a compounded medication is not recommended, then

the entire formulation is not recommended. Given these guidelines, this request is not medically necessary as well.