

Case Number:	CM15-0088579		
Date Assigned:	05/12/2015	Date of Injury:	08/13/2013
Decision Date:	06/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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, Indiana, New York
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 54 year old female, who sustained an industrial injury on 08/13/2013. The injured worker is currently off work. The injured worker is currently diagnosed as having synovitis, lateral epicondylitis, and lumbar spine sprain/strain. Treatment and diagnostics to date has included cervical spine MRI, brain MRI, shockwave therapy, Sudoscan, and medications. In a progress note dated 12/16/2014, the injured worker stated his lumbar spine complaints are getting better. The treating physician reported requesting authorization for lumbar spine MRI, topical Flurbiprofen, and topical Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI w/o contrast of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI without contrast of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are synovitis, lateral epicondylitis; and lumbar spine sprain/strain. The documentation is handwritten and largely illegible. The request for authorization date is April 10, 2015. The most recent progress note in the medical record is dated January 12, 2015. The January 12, 2015 progress note is largely illegible and contains a check the box format for prescriptions. There is no clinical documentation indicating a magnetic resonance imaging scan of the lumbar spine is indicated. There is no discussion of an MRI lumbar spine. There is no rationale for an MRI lumbar spine. There are no contemporaneous progress notes on or about the date of the request for authorization April 10, 2015. Consequently, absent clinical documentation with a clinical indication, rationale and documentation of an anticipated MRI lumbar spine, MRI without contrast of the lumbar spine is not medically necessary.

Flurbiprofen 120gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 120gm is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are synovitis, lateral epicondylitis; and lumbar spine sprain/strain. The documentation is handwritten and largely illegible. The request for authorization date is April 10, 2015. The most recent progress note in the medical record is

dated January 12, 2015. The January 12, 2015 progress note is largely illegible and contains a check the box format for prescriptions. There are no contemporaneous progress notes on or about the date of the request for authorization April 10, 2015. The progress note indicates a cream is prescribed and administered. The specific cream by name is not documented in the medical record progress note, but is documented in the request for authorization. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiprofen) that is not recommended is not recommended. Consequently, Flurbiprofen 120 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 120gm is not medically necessary.

Ketoprofen 120gm: 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): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen 120gm is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are synovitis, lateral epicondylitis; and lumbar spine sprain/strain. The documentation is handwritten and largely illegible. The request for authorization date is April 10, 2015. The most recent progress note in the medical record is dated January 12, 2015. The January 12, 2015 progress note is largely illegible and contains a check the box format for prescriptions. There are no contemporaneous progress notes on or about the date of the request for authorization April 10, 2015. The progress note indicates a cream is prescribed and administered. The specific cream by name is not documented in the medical record progress note, but is documented in the request for authorization. Ketoprofen topical is not FDA approved for topical use. Any compounded product that contains at least one drug (Ketoprofen) that is not recommended is not recommended. Consequently, Ketoprofen 120 g is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Ketoprofen 120gm is not medically necessary.