

<b>Case Number:</b>	CM14-0179799		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is represented [REDACTED] employee who has filed a claim for low back, knee, and neck pain reportedly associated with an industrial injury of September 5, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and topical compounds. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for lumbar, knee and cervical MRI imaging, along with a topical compounded flurbiprofen-capsaicin containing agent. The claims administrator stated that it was basing its decision on a Request for Authorization form dated October 8, 2014 and associated progress notes of September 10, 2014. The applicant's subsequently appealed. On September 10, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was reportedly using methadone, Soma, Xanax, butalbital, and unspecified sleep aids. It was stated that the applicant was working light duty work in the social history section of the note. Overall complaints of 5/10 pain were noted. The applicant was smoking occasionally, it was suggested. Earlier lumbar MRI imaging reportedly demonstrated broad-based disk protrusion at L3-L4 and L4-L5 of certain clinical significance, the attending provider noted. Earlier MRI imaging of cervical spine demonstrated moderate focal disk protrusions at C5-C6. Earlier brain MRI imaging was reportedly normal. The applicant's knee pain was throbbing. Flurbiprofen-capsaicin containing compound was apparently dispensed. MRI imaging of the low back and bilateral knees was endorsed. The attending provider stated that the applicant's knee pain was consistent with meniscal tear. The attending provider suggested MRI imaging of the cervical spine to search for radiculopathy and/or stenosis. The applicant was, however, described as exhibiting as normal upper extremity strength, sensorium, and reflexes on exam. Positive straight leg raising on the left with lumbar paraspinal tenderness

and limited lumbar range of motion was noted. The applicant did exhibit normal strength, sensation, and reflexes about the bilateral lower extremities as well. In earlier note dated March 27, 2014, the applicant presented with chronic bilateral knee pain, neck pain, and back pain. It was stated that the applicant was using methadone, Soma, and Vicodin on a regular basis at that point. Multiple MRIs were done by a qualified medical evaluator. Mild knee crepitation was appreciated bilaterally. MRI imaging of the right knee was notable for mild degenerative joint disease and some intrasubstance tears of the medial meniscus. Left knee MRI demonstrated a small posterior horn medial meniscal tear with mild degenerative disease also appreciated. The applicant was given knee corticosteroid injections. The attending provider stated that the applicant was not a candidate for any kind of surgical intervention, noting that he did not believe that the applicant's meniscal tears were the source of the symptoms. The attending provider felt that the applicant's knee arthritis was likewise too mild to intervene surgically.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there is no evidence that surgery is, in fact, being considered. The multifocal nature of the applicant's complaints, coupled with the fact that the applicant has already had multiple MRI studies of the body parts at issue, makes it highly unlikely that the applicant would consider surgical intervention involving the lumbar spine. The applicant's well-preserved lower extremity neurologic exam further argues against the need for any kind of surgical intervention involving the lumbar spine. Finally, there was neither an explicit statement nor an implicit expectation that the applicant would act on the results of this or any of the other multiple MRI studies proposed and/or pursue a surgical remedy here. Therefore, the request is not medically necessary.

**Left knee MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Complaints Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 355 does note that MRI imaging can be employed to confirm a diagnosis of meniscal tear, ACOEM qualifies this recommendation by noting that such testing is indicated only if surgery is being contemplated. Here, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the injured knee. The applicant has already had earlier knee MRI imaging in March 2014. The applicant's knee surgeon, at that point, declined to intervene operatively. It is not clear why repeat knee MRI imaging is being sought here. Therefore, the request is not medically necessary.

**Right knee MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Complaints Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335.

**Decision rationale:** The primary operating diagnoses here involving both knees are already established knee meniscal tear and mild knee arthritis. While the MTUS Guideline in ACOEM Chapter 13, Table 13-2, page 335 notes that the MRI imaging can be employed to detect a meniscal tear, ACOEM qualifies its recommendation by noting that such testing is indicated only if surgery is being contemplated. Here, however, there is no mention that the applicant is actively considering or contemplating any kind of surgical intervention involving the right knee. It is not clear why repeat knee MRI imaging is being sought approximately six months removed from earlier knee MRI imaging documented in March 2014. Therefore, the request is not medically necessary.

**Cervical MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 - 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the cervical spine is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, there was no clear or compelling evidence of neurologic compromise pertaining to the cervical spine and/or upper extremities evident on the September 10, 2014 progress note, referenced above. The applicant's well-preserved upper extremity strength, sensation, and reflexes, effectively argues against any focal nerve root compromise/neurologic compromise associated with the cervical spine and/or upper extremities. The multifocal nature of the applicant's complaints and multiple body parts

involved, moreover, make it highly unlikely that the applicant will consider any kind of surgical intervention involving the cervical spine. Therefore, the request is not medically necessary.

**Flubiprofen 25%/Capsaicin 0.0275% cream, 120 grams, provided on September 10, 2014:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin and Topical Analgesics Page(s): 28, 111.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, capsaicin, the principal ingredient in the compound, is not recommended for topical compound formulation purposes except as a last-line agent, in applicants who have not responded to or are intolerant to other treatments. Here, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the "largely experimental" flurbiprofen-capsaicin containing compound at issue. Therefore, the request is not medically necessary.