

Case Number:	CM14-0182753		
Date Assigned:	11/07/2014	Date of Injury:	04/17/2011
Decision Date:	12/16/2014	UR Denial Date:	10/04/2014
Priority:	Standard	Application Received:	11/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 49 year-old female with the date of injury of 04/17/2011. The patient presents with pain in her lower back, radiating down her right leg. The patient also reports pain in her shoulders bilaterally. The patient rates her pain as 6-8/10 on the pain scale, depending on the intake of medication. The X-rays of the lumbar reveals AP and lateral lumbar spine demonstrates 1) normal alignment 2) no scoliosis 3) no spondylolisthesis 4) minimal degenerative changes 5) no pars defects. The MRI of the lumbar spine from 05/03/2012 reveals degen disc disease and facet degeneration L2-3, L3-4, and L4-5. The patient is currently taking Cyclobenzaprine, Gabapentin, Hydrocodone/APAP and Tramadol HCL. The patient is currently working. According to [REDACTED] report on 09/02/2014, diagnostic impressions are: 1) Lumbar sprain 2) Non specific radiculopathy 3) Lumbar facet arthropathy 4) Possible right S1 strain The utilization review determination being challenged is dated on 10/04/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 04/26/2014 to 09/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Exoten Topical: Upheld

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

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

Decision rationale: The patient presents with pain in her shoulder and lower back. The request is for Exoten topical. Exoten-C is composed of 20% methyl salicylate, 10% Menthol, and 0.002% Capsaicin. MTUS page 111-113 recommend topical analgesics Primarily "for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Topical NSAIDs are indicated for peripheral joint arthritis/ tendinitis. In this case, the patient presents with pain in her shoulders and lower back, and not peripheral joint problems for which topical NSAIDs are indicated. MTUS do not support compounded topical products if one of the components are not recommended. MTUS guidelines do not support topical salicylate for treating the spine or shoulder. The request is not medically necessary.

(1) Lumbar Support Brace with Ice/Heat Packs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301,300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic) chapter, Lumbar supports

Decision rationale: The patient presents with pain in her shoulder and lower back. The request is for Lumbar support brace with ice/heat pack. ODG guidelines do not recommend back supports as an option for prevention. Back supports are "not recommended for prevention. Recommended as an option for treatment," such as for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). In this case, the patient is recommended at work during breaks and as a reminder to maintain posture. The treater appears to be asking for lumbar support for prevention while working and breaks for which there is lack of guidelines support. Furthermore, there is no spondylolisthesis. There is no documentation of instability or other issues. The request is not medically necessary.