

Case Number:	CM14-0184969		
Date Assigned:	11/12/2014	Date of Injury:	09/14/2001
Decision Date:	12/19/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/06/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 50 year old female with an injury date of 09/14/01. Based on the 07/24/14 progress report provided by treating physician, the patient complains of back and bilateral ankle pain. Physical examination to the lumbosacral spine revealed tenderness to palpation and mild spasm to the paraspinal muscles and trigger points at the upper outer quadrant of the buttocks. Range of motion was normal for age. Patient has had chiropractic, acupuncture, physical therapy, TENS, pain management, steroid injections to the spine, non-spine joint and trigger point injections in the past. Patient is currently on opioid medication, and states she does not receive any effect from her current medications. Patient is permanent and totally disabled. Patient is an insulin dependent diabetic with GI problems. Patient is symptomatic with diarrhea/blood related to IBS flares. Provider states he will increase opioids for pain and due to her diarrhea. Provider is pending authorization for diagnostic procedures and spinal cord stimulator trial. Per provider report dated 11/13/13, patient states "since her accident she had bladder leaks and diarrhea every time she had lumbar pain. She states having an MRI of the lumbar spine in 2003 which showed herniated disc L4-5 and S1."Diagnosis 07/24/14- spine pain- lumbago- chronic pain syndrome- pain medication management- tobacco use/abuseThe utilization review determination being challenged is dated 10/24/14. MRI (Magnetic Resonance Imaging) of the lumbar spine. Treatment reports were provided from 11/13/13 - 07/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound topical analgesic containing: Flurbiprofen 50gm, Gabapentin 25gm, Lidocaine 25gm, SSLS (Base) 224gm, Tramadol 25mg, Amitriptyline 10gm, Clonidine 1gm: 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 Analgesics Page(s): 111.

Decision rationale: The patient presents with back and bilateral ankle pain. The request is for Compound topical analgesic containing: Flurbiprofen 50gm, Gabapentin 25gm, Lidocaine 25gm, SSLS (Base) 224gm, Tramadol 25mg, Amitriptyline 10gm, Clonidine 1gm. Patient's diagnosis dated 07/24/14 included spine pain, lumbago and chronic pain syndrome. Patient is currently on opioid medication, and states she does not receive any effect from her current medications. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Tramadol and Lidocaine, which are not supported for topical use in lotion form per MTUS. Recommendation is for denial.

MRI (Magnetic Resonance Imaging) of the lumbar spine: Overturned

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 Chapter

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 chapter, MRIs (magnetic resonance imaging) (L-spine)

Decision rationale: The patient presents with back and bilateral ankle pain. The request is for MRI (Magnetic Resonance Imaging) of the lumbar spine. Patient's diagnosis dated 07/24/14 included spine pain, lumbago and chronic pain syndrome. Physical examination to the lumbosacral spine revealed tenderness to palpation and mild spasm to the paraspinal muscles and trigger points at the upper outer quadrant of the buttocks. Range of motion was normal for age. Patient has had chiropractic, acupuncture, physical therapy, TENS, pain management, steroid injections to the spine, non-spine joint and trigger point injections in the past. ODG

guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, " Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". Provider is pending authorization for diagnostic procedures and spinal cord stimulator trial. Per provider report dated 11/13/13, patient states "since her accident (DOI 09/14/01) she had bladder leaks and diarrhea every time she had lumbar pain. Patient reported having an MRI of the lumbar spine in 2003 which showed herniated disc L4-5 and S1." Provider states he will increase opioids for pain and due to her diarrhea per progress report dated 07/24/14. Provider has not documented radiculopathy, however this patient still presents with back pain and has been treated extensively. Her previous MRI of the lumbar spine was taken more than 10 years ago, at which point she states her bladder problems started. Patient is an insulin dependent diabetic with GI problems. Provider states she is symptomatic with diarrhea/blood related to IBS flares. Given the patient's bowel symptoms which may be indicative of a red flag, repeat MRI appears reasonable based on guidelines. Recommendation is medically necessary.