

Case Number:	CM15-0109053		
Date Assigned:	06/15/2015	Date of Injury:	11/14/2008
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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: Family Practice

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 53 year old female, who sustained an industrial injury on 11/14/08. She reported neck pain and back pain. The injured worker was diagnosed as having muscle spasm, status post cervical spine surgery, and status post lumbar spine surgery. Treatment to date has included cervical and lumbar fusion and bilateral trapezius muscle trigger point injections. Physical examination findings on 5/13/15 revealed cervical and lumbar spine tenderness to palpation and spasm with decreased range of motion. Currently, the injured worker complains of neck pain and low back pain with radiation to bilateral legs. The treating physician requested authorization for Indorub topical pain cream, MRI plain of the lumbar spine, and MRI plain of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indorub topical pain cream as needed: 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): 111-113.

Decision rationale: This patient receives treatment for chronic pain involving the neck and lower back. The patient has both failed neck and failed back syndromes. This relates back to an industrial injury dated 11/14/2008. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Inforub contains indomethacin, an NSAID. Topical analgesic creams containing an NSAID may deliver some relief from pain for the first 2 weeks; however, their benefit fades afterwards. Given the ongoing use of Indorub and the lack of documentation of efficacy, as evidenced by an improvement in function or a diminution of analgesics use, Indorub is not medically necessary.

MRI plain of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar spine, imaging, MRI.

Decision rationale: This patient receives treatment for chronic pain involving the neck and lower back. The patient has both failed neck and failed back syndromes. This relates back to an industrial injury dated 11/14/2008. This review addresses a request for an MRI of the lumbar spine. On physical exam there are muscle spasms and a loss of full ROM. The neurologic exam does not show new signs of radicular deficits nor are there any clinical "red flags," such as, new trauma, osteomyelitis, or primary or metastatic tumors of the bone. A lumbar spine MRI is not medically necessary.

MRI plain of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cervical spine, imaging, MRI.

Decision rationale: This patient receives treatment for chronic pain involving the neck and lower back. The patient has both failed neck and failed back syndromes. This relates back to an industrial injury dated 11/14/2008. This review addresses a request for a cervical MRI. On physical exam there are muscle spasms and a loss of full ROM. The neurologic exam does not show new signs of radicular deficits, nor are there any clinical "red flags," such as, new trauma,

osteomyelitis, or primary or metastatic tumors of the bone. A cervical MRI is not medically necessary.