

Case Number:	CM15-0109275		
Date Assigned:	06/16/2015	Date of Injury:	01/07/2015
Decision Date:	07/21/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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, North Carolina
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 58-year-old male, who sustained an industrial injury on January 7, 2015, incurring upper back and lower back injuries. He was diagnosed with cervical degenerative disc disease and lumbar degenerative disc disease. Treatment included anti-inflammatory drugs, pain medications, physical therapy, chiropractic sessions, transcutaneous electrical stimulation unit, and home exercise program and work restrictions. Currently, the injured worker complained of cramping pain in the neck radiating into the upper extremity and lower back pain. Cervical Magnetic Resonance Imaging performed on May 14, 2015, revealed diffuse cervical arthropathy and foraminal stenosis with disc bulging. Lumbar Magnetic Resonance Imaging revealed lumbosacral degenerative disc disease with disc protrusion. The treatment plan that was requested for authorization included a prescription for Lidopro cream, cervical traction and a trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. They are primarily recommended for neuropathic pain when trials of first-line agents (antidepressants and anticonvulsants) have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In addition, lidocaine is only approved in the form of a dermal patch. LidoPro contains lidocaine, capsaicin, methyl salicylate and mentol. Therefore, the request is deemed not medically necessary or appropriate.

Trigger point injections return to clinic: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain section Page(s): 122.

Decision rationale: CA MTUS Guidelines have very specific requirements for trigger point injections. One of these requirements is documentation of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." In this case, none of the reports describes the specific findings. Trigger point injections are also recommended only for myofascial pain and not recommended for radicular pain. Therefore the request is deemed not medically necessary or appropriate.

Cervical traction: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: The ACOEM Guidelines state that there is no high-grade scientific evidence to support the use of cervical traction and that traction is not recommended. Traction should be used in conjunction with a home exercise program. In this case there is no evidence of a home exercise program. Therefore, the request for a cervical traction unit is deemed not medically necessary.