

Case Number:	CM15-0111665		
Date Assigned:	06/18/2015	Date of Injury:	06/26/2007
Decision Date:	07/16/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Preventive Medicine, Occupational Medicine

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 51-year-old female, who sustained an industrial injury on June 26, 2007. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having degenerative disc disease of the lumbar spine with radiculopathy, disc protrusion with moderate stenosis and foraminal narrowing at lumbar 5-sacral 1, facet syndrome of the lumbar spine, multilevel facet arthropathy, multilevel neural foraminal narrowing, and chronic pain syndrome. Diagnostic studies to date have included MRIs and electrodiagnostic studies. On January 24, 2013, electromyography of the bilateral lower extremities revealed right lumbar 5/sacral 1 radiculopathy versus peroneal neuropathy at the ankle. On June 27, 2013, electromyography of the bilateral upper extremities revealed bilateral median neuropathy of the wrist carpal tunnels. On October 8, 2014, an MRI of the lumbar spine revealed a low-lying conus and lipoma in the filum terminale, which was unchanged from the prior study. There was a lumbar 5-sacral 1 disc protrusion with mild canal and moderate bilateral foraminal stenosis and a lumbar 4-5 bulging disc with mild canal and mild-moderate bilateral foraminal stenosis. Treatment to date has included 19 sessions of acupuncture and 15 sessions of physical therapy with minimal relief, 8 sessions of chiropractic therapy with temporary relief, and medications including oral and topical pain, antidepressant, topical anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 21, 2015, the injured worker complains of constant sharp neck pain with radiation of pain, numbness, tingling, and weakness to the bilateral shoulders extending down to the bilateral upper extremities to the hands. In addition, she complains of constant dull, achy pain of the upper, mid, and low back with radiation of pain, numbness, and weakness to the bilateral lower extremities to the toes. The right lower extremity symptoms are greater than the left lower extremity. Her neck and back pain is rated 8/10. The inflammation and pain in her legs is decreased by her non-steroidal anti-inflammatory medication. The physical exam revealed a slow, moderately antalgic

gait and inability to heel and toe walk due to weakness that was greater on the right than the left. There was tenderness to palpation and spasm of the bilateral cervical, thoracic, and lumbar paraspinals, the cervical, thoracic, and lumbar spine range of motion was decreased and limited by pain, decreased sensation throughout the right upper extremity, and decreased sensation of the right lumbar 4-sacral 1 dermatomes. The motor exam was normal in the bilateral upper extremities and minimally decreased in the bilateral lower extremities. The treatment plan includes continuing the non-steroidal anti-inflammatory medication, Ibuprofen and refilling the capsaicin cream. Requested treatments include CM4-Caps 0.05 percent/Cyclo 4 percent and Ibuprofen 800mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM4 Caps 0.05%/Cyclo 4%: 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: MTUS Guidelines are very specific in stating that only FDA/Guideline approved topical agents are recommended for use and any compound that has unsupported ingredient(s) is not recommended. This compound has strength of Capsaicin that is not supported by Guidelines. In addition, Guidelines specifically do not recommend topical muscle relaxants (Cyclobenzaprine). The CM4 Caps 0.05%/Cyclo 4% is not supported by Guidelines and is not medically necessary.

Ibuprofen 800mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: MTUS Guidelines are not supportive of continuous long-term NSAID use for chronic axial low back pain, however the Guidelines do not contradict their use if they are beneficial for inflammatory conditions. This individual is reported to have a neuropathic component to her pain that is thought to have an inflammatory component. It is clearly documented that the Ibuprofen is beneficial and there is no chronic use of opioids. Under these circumstances the Ibuprofen 800mg #90 is consistent with Guidelines and is medically necessary.