

Case Number:	CM15-0112024		
Date Assigned:	06/18/2015	Date of Injury:	12/17/2012
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial/work injury on 12/17/12. He reported initial complaints of neck, back, wrist, and hand pain. The injured worker was diagnosed as having acute lumbar strain, repetitive strain to the cervical spine and both arms, bilateral wrist sprain/strain. Treatment to date has included medication and diagnostics. MRI results were reported on 4/22/13 noting foraminal disc protrusion at L3-4 which does not compress the exiting left L3 nerve root, mild disc desiccation with 1 mm diffuse disc bulge and annular fissure at the L4-5 with no thecal sac or nerve root compression, mild disc desiccation with 2 mm diffuse disc bulge at the L5-S1 without thecal sac or nerve root compression, small anteriolateral osteophytes seen associated with mild narrowing of the L3, 4, 5 and neural foraminal bilaterally. Currently, the injured worker complains of cervical, lumbar, and bilateral wrist and hand pain that is rated 6/10 that radiates to both of his upper and lower extremities. Per the primary physician's progress report (PR-2) on 5/6/15, examination of the cervical spine revealed decreased range of motion, positive cervical compression, and decreased strength 4/5 bilaterally at C5-C8. Exam of the lumbar spine revealed loss of range of motion, palpable muscular hypertonicity and tenderness, positive straight leg raise at 50 degrees with radiation of pain into the calf and also positive straight leg raise on the left at 70 degrees with radiation of pain into the anteriolateral left thigh. The requested treatments include Compound cream - Flurbiprofen 20%, Lidocaine 5% 180gm and MRI lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream - Flurbiprofen 20%, Lidocaine 5% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for when seen, pain was rated at 6/10. Physical examination findings included decreased spinal range of motion with muscle spasms and tenderness. Straight leg raising was positive. A prior MRI scan of the lumbar spine in April 2013 included findings of a left lateralized L3-4 foraminal disc protrusion and multilevel disc bulging. Medications being prescribed include cyclobenzaprine, Neurontin, Naproxen, Prilosec, and Norco. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, oral naproxen is also being prescribed. Prescribing a topical compounded medication containing another NSAID (flurbiprofen) would be duplicative and is not medically necessary.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in December 2012 and continues to be treated for when seen, pain was rated at 6/10. Physical examination findings included decreased spinal range of motion with muscle spasms and tenderness. Straight leg raising was positive. A prior MRI scan of the lumbar spine in April 2013 included findings of a left lateralized L3-4 foraminal disc protrusion and multilevel disc bulging. Medications being prescribed include cyclobenzaprine, Neurontin, Naproxen, Prilosec, and Norco. Guidelines indicate that a 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). In this case, there is no apparent significant change in symptoms or findings suggestive of significant new pathology. There are no neurologic deficits documented. The requested MRI was not medically necessary.