

Case Number:	CM15-0027577		
Date Assigned:	02/19/2015	Date of Injury:	04/07/1988
Decision Date:	04/03/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/12/2015

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: Physical Medicine & Rehabilitation

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 57 year old male with an industrial injury dated April 7, 1988. The injured worker diagnoses include lumbago, lumbar sprain and bilateral sacroiliac joint pain. He has been treated with diagnostic studies, physical therapy, massage therapy, chiropractic treatment, prescribed medications and periodic follow up visits. According to the progress note dated 1/6/2015, the injured worker reported constant back pain with tightness and burning. He also complained of associated numbness and spasms. Objective findings revealed facet tenderness, reproduced pain with bilateral facet loading of the lumbar spine and decrease range of motion of the lumbar spine. Documentation also noted bilateral positive straight leg raises and decrease bilateral patellar and ankle reflexes. The treating physician prescribed Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, and Fluticasone 2% with 4 refills and MRI of the lumbar spine. Utilization Review determination on January 16, 2015 denied the request for Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, and Fluticasone 2% with 4 refills and MRI of the lumbar spine, citing MTUS, ACOEM and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, low Back lumbar and Thoracic (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, MRI.

Decision rationale: Per the 01/06/15 report the patient presents with constant back pain with tightness and burning. He also complained of associated numbness and spasms. The current request is for 1 MRI Of Lumbar Spine per the 01/12/15 RFA. The reports do not state if the patient is working. ODG guidelines Low Back Chapter MRI Topic, state that, "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. 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)." The 01/21/15 report states the patient has shooting burning pains with some numbness in the front of the right thigh. Neuro examination states, "No appreciable changes in sensory function of the right lower extremity, though there appears to be some mild allodynia to palpation of the right anterior thigh." The patient's listed diagnoses include: Lumbar radiculopathy. The 01/06/15 examination reports bilateral positive straight leg raise. The treater does not directly discuss the reason for this request. There is no evidence of prior lumbar surgery. Regarding prior MRI lumbar the treater states regarding imaging on 01/06/15: "Nothing recent will order MRI lumbar spine." There is no other evidence of a prior MRI lumbar. In this case, there is evidence of pain radiating into the thigh and positive SLR. However, it appears that some prior imaging of unknown date has been completed for this patient. The treater does not explain why repeat imaging is needed other than the general statement that it is not recent without reference to at least an approximate date. There is no evidence of a significant change of symptoms or findings suggestive of significant pathology. The request is not medically necessary.

Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, Lidocaine 5%, and Fluticasone 2% with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Lidocaine, topical. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic).

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

Decision rationale: Per the 01/06/15 report the patient presents with constant back pain with tightness and burning. He also complained of associated numbness and spasms. The current request is for diclofenac 5%, gabapentin 6%, baclofen 3%, cylcobenzaprine 2%, bupivacaine 1%. Lidocaine 5% per the 01/12/15 RFA. The reports do not state if the patient is working. The MTUS has the following regarding topical creams (p111, chronic pain section): "There is little

to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS, Topical Analgesics, page 113 specifically states that Baclofen is not recommended. MTUS, Topical Analgesic page 113 states, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." In this case, the requested compounded cream contains drugs that are not recommended for topical formulation that include Gabapentin, specifically not recommended under the MTUS topical cream section, Baclofen, and Cyclobenzaprine "a muscle relaxant" the MTUS does not recommend muscle relaxants for topical formulation. Furthermore, Lidocaine is only approved in patch form. Therefore, the requested topical medication is not recommended and is not medically necessary.