

<b>Case Number:</b>	CM15-0067095		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Ohio, North Carolina, Virginia  
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 47-year-old male, who sustained an industrial injury on October 25, 2010. He has reported back pain, leg pain, knee pain, and groin pain. Diagnoses have included chronic lower back pain, lumbosacral disc bulge, thoracic spine compression fracture, and right knee pain. Treatment to date has included medications, physical therapy, H wave, lumbar support, sacroiliac joint fusion, lumbar spine surgery, and imaging studies. A progress note dated January 21, 2015 indicates a chief complaint of lower back pain radiating to the legs with numbness, right groin pain, and right knee pain. The treating physician documented a plan of care that included a magnetic resonance imaging of the cervical spine and medications. The physical exam that day showed a positive Hoffman's sign and diminished sensation to the left sided C6 dermatome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 (neck).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines. Neck and upper back chapter. MRI section.

**Decision rationale:** Per the ODG, Indications for imaging MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal." Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. In this instance, there is no indication from the notes provided that the injured worker has chronic neck pain or that any x-rays of the cervical spine have been done. A review of 199 documents revealed that the injured worker had symptoms of carpal tunnel syndrome in 2005 and that he had neck pain following a motor vehicle accident in 1988. No further information is available. The medical necessity for a cervical spine MRI, therefore, is not established in view of the available medical record and with reference to the cited guidelines. Therefore, the request is not medically necessary.

**Compound Cream: Flurbiprofen 20%, Lidocaine 5%, 4gm Alternating with Cyclobenzaprine 10%, Lidocaine 2% 4gm):** Upheld

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

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

**Decision rationale:** Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The requested compounded creams contain lidocaine in cream form. This form of lidocaine is not recommended by the guidelines. Any compound containing one non-recommended ingredient is not recommended in its entirety. One of the compounds additionally contains the muscle relaxant cyclobenzaprine, another non-recommended ingredient. Therefore, Flurbiprofen 20%, Lidocaine 5%, 4gm Alternating with Cyclobenzaprine 10%, Lidocaine 2% 4gm) is not medically necessary.

