

Case Number:	CM15-0070345		
Date Assigned:	04/20/2015	Date of Injury:	09/12/2011
Decision Date:	07/03/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/14/2015

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 36 year old female, who sustained an industrial injury on 09/12/2011. The initial complaints or symptoms included sudden onset of back pain. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, electrodiagnostic testing, and conservative therapies. Currently, the injured worker complains of pain to the bilateral lumbar and sacroiliac region, bilateral cervical region, right upper extremity, right buttock and lower extremity, and right upper, mid and lower thoracic regions with associated numbness and tingling in the right upper and lower extremities. The symptoms are reported to be improved with medications, rest and physical therapy. The diagnoses include periarthritits of the shoulder, lumbar intervertebral disc disorder with myelopathy, and sciatica. Other notable diagnoses included right shoulder internal derangement, right shoulder rotator cuff syndrome, right shoulder recurrent dislocation, carpal tunnel syndrome to the right wrist, lumbar spondylosis, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. The treatment plan consisted of medications (including: cyclobenzaprine and FCL [Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%]) (denied), MRI of the cervical spine (denied), MRI of the lumbar spine (denied), physical therapy for the right shoulder and lumbar spine, interferential stimulator unit (denied), and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical and lumbar spine, neck, back, and lower extremity: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 171-172, 303-305.

Decision rationale: The request for MRIs of the C-spine, LS-spine, neck, back and lower extremities is not medically necessary. The CA MTUS/ACOEM guidelines indicated that imaging studies, such as MRI, are indicated in patients presenting with red flags, including, evidence of neurologic dysfunction. In this patient there is no documentation of focal neurologic deficits or other red flags. There is also no evidence of a failure of conservative treatment. Therefore the request for multiple MRIs is not medically necessary or appropriate.

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethanoe 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%) 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111 - 113.

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

Decision rationale: The CA MTUS states that topical analgesics are largely experimental is use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. 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. In this case the request is for FCL, which contains flurbiprofen, cyclobenzaprine and lidocaine. Topical NSAIDs like Flurbiprofen are not recommended for neuropathic pain. Muscle relaxants are not recommended for topical use. Lidocaine is only recommended for topical use in the form of Lidoderm patches and is not recommended for use in any compounded product. Therefore the request is not medically necessary.

Cyclobenzaprine 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The CA MTUS recommends muscle relaxants as second-line options for short-term treatment of acute exacerbations of chronic low back pain. In this case it is unclear how long the patient has been prescribed Flexeril. Documentation also fails to show evidence of a recent acute exacerbation. Thus based on the lack of documentation, the request is not medically necessary.

Interferential stimulator home unit rental for 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IF stimulators Page(s): 118-120.

Decision rationale: The request is for a 90 day rental of an IF stimulator to treat chronic pain. CA MTUS does recommend a one month trial of 'IF' if the patient has experienced problems with substance abuse, medication intolerance, decreased efficacy of medication or medication side effects. The records submitted do not document the presence of any of these criteria, therefore the request is not medically necessary at this time.