

Case Number:	CM15-0074688		
Date Assigned:	04/24/2015	Date of Injury:	12/31/2007
Decision Date:	06/29/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/20/2015

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: Emergency 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 55-year-old female who sustained an industrial injury on 12/31/2007. Her diagnoses, and/or impressions, included: cervical and lumbar inter-vertebral disc displacement without myelopathy; peri-arthritis shoulder; depressive disorder; brachial neuritis or radiculitis; and cervical inter-vertebral disc disorder with myelopathy. No current magnetic resonance imaging studies are noted. Her treatments have included medication management. Documentation provided by provider is poor. There is no imaging or electrodiagnostic reports provided. There is reference to a prior MRI done in 2014 that reportedly revealed disc bulge but the report was not provided for review. Progress notes of 3/26/2015 reported bilateral shoulder, bilateral elbow, bilateral ankle and lower back pain. The lower back pain was stated to shoot down into the lower extremity and cause numbness/tingling that was aggravated by activity and made better with medication and rest. Also reported were numbness/tingling in the bilateral wrists and hands, left foot and ankle; and stress with anxiety. She reported she felt her overall condition was deteriorating. The physician's requests for treatments were noted to include magnetic resonance imaging studies of the cervical and lumbar spine due to the continued symptoms; a compound topical analgesic cream to reduce pain and improve function/mobility; and Lidoderm patches.

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), Neck and Upper Back, Magnetic Resonance Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: As per ACOEM guidelines, indications for neck imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, failure to progress in strengthening program and pre-invasive procedure. The documentation does not support any indication for imaging. Documentation shows that exam findings and ongoing complaints are chronic and has been ongoing for at least 1 year. There is no documentation of worsening symptoms. A prior MRI was reportedly done but report and actual reports were not provided for review. Patient has been managed by a prior physician and a new provider is claiming need for a new MRI despite stable symptoms. MRI of cervical spine is not medically necessary.

MRI of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. The documentation does not support any indication for imaging. Documentation shows that exam findings and ongoing complaints are chronic and has been ongoing for at least 1 year. There is no documentation of worsening symptoms. There is no noted new neurologic dysfunction. Symptoms are chronic; it is unlikely that patient has never received some sort of imaging study. Patient has been managed by a prior physician and a new provider is claiming need for a new MRI despite stable symptoms. MRI of lumbar spine is not medically necessary.

FCL (Flurbiprofen 20%, Baclofen 2%, Dexamethasone 2%, Menthol 2%, Camphor 2%, Capsaicin 0.0375%, Hyaluronic acid 0.20%) 180g: 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: The requested product is a compounded cream composed of multiple medications. As per MTUS guidelines, "Any compounded product that contains one drug or drug class that is not recommended is not recommended." 1) Flurbiprofen: Not Recommended. A topical NSAID that may be used short term for musculoskeletal pain. Flurbiprofen is not FDA approved for topical application. It is unclear why this provider has decided to use a non-FDA approved topical NSAID when multiple other FDA approved products are available. 2) Baclofen: Not recommended. Baclofen is only FDA approved for oral use. There is no evidence to support topical use. Use of an off label application of a product with no supporting evidence is not recommended. 3) Dexamethasone: Not recommended. Dexamethasone is a steroid. There is no information available in MTUS Chronic pain or ACOEM guidelines concerning topical use of steroids for musculoskeletal pains. Review of Official Disability Guide and ACOEM guidelines only mention use of systemic and injectable steroid. There is a significant risk of systemic absorption and side effects. 4) Methol/Camphor: No information available. It may have some topical soothing effect. 5) Hyaluronic acid: This is not recommended. It is only FDA approved for intraarticular injection or oral use as a supplement. There is no evidence to support its use topically. This compounded cream has multiple non-evidence based medications with potentially severe side effects. Multiple non-evidenced based topical non-FDA approved compounded products were requested for unknown reasons. This cream is not medically appropriate or necessary.

Lidoderm patches #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: As per MTUS chronic pain guidelines, lidoderm/Lidocaine patch is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain such as patient's diagnosis of radiculopathy. It may be considered after failure of 1st line treatment. Patient has no reported 1st line medication failure documented or documentation of a successful trial. Lidocaine patch is not medically necessary.