

Case Number:	CM15-0077447		
Date Assigned:	04/29/2015	Date of Injury:	02/13/2013
Decision Date:	05/26/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/23/2015

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 49 year old male, who sustained an industrial/work injury on 2/13/13. He reported initial complaints of back pain with development of radiation down the left leg to the bottom of the foot. The injured worker was diagnosed as having lumbar disc degeneration, lumbar spine strain, spinal stenosis, and spasm. Treatment to date has included medication and diagnostics. MRI results were reported on 4/3/14 and 11/7/13. Currently, the injured worker complains of gradually worsening back pain for the last three months. Per the primary physician's progress report (PR-2) on 4/9/15, the pain had progressed to radiate down the left leg intermittently and now into the right leg. Examination revealed stiff and slow gait, forward head posture, tenderness of the lumbar paraspinals bilaterally and lumbar interspinous ligaments, limited range of motion, decreased sensation to the right ankle, and positive left supine leg raise. The requested treatments include Repeat Magnetic Resonance Imaging (MRI) lumbar spine, Topical pain compound cream: Flurbiprofen, Bupivacaine, Clobenzaprine, Tramadol, Ketamine, in Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Magnetic Resonance Imaging (MRI) lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested Repeat Magnetic Resonance Imaging (MRI) lumbar spine is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." The injured worker has gradually worsening back pain for the last three months. Per the primary physician's progress report (PR-2) on 4/9/15, the pain had progressed to radiate down the left leg intermittently and now into the right leg. Examination revealed stiff and slow gait, forward head posture, tenderness of the lumbar paraspinals bilaterally and lumbar interspinous ligaments, limited range of motion, decreased sensation to the right ankle, and positive left supine leg raise. The treating physician has not documented evidence of an acute clinical change since previous imaging studies. The criteria noted above not having been met, Repeat Magnetic Resonance Imaging (MRI) lumbar spine is not medically necessary.

Topical pain compound cream: Flurbiprofen 10%, Bupivacaine 1%, Cclobenzaprine 2%, Tramadol 5%, Ketamine 10%, in Lidoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, muscle relaxants.

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

Decision rationale: The requested Topical pain compound cream: Flurbiprofen 10%, Bupivacaine 1%, Cclobenzaprine 2%, Tramadol 5%, Ketamine 10%, in Lidoderm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has gradually worsening back pain for the last three months. Per the primary physician's progress report (PR-2) on 4/9/15, the pain had progressed to radiate down the left leg intermittently and now into the right leg. Examination revealed stiff and slow gait, forward head posture, tenderness of the lumbar paraspinals bilaterally and lumbar interspinous ligaments, limited range of motion, decreased sensation to the right ankle, and positive left supine leg raise. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Topical pain compound cream: Flurbiprofen 10%, Bupivacaine 1%, Cclobenzaprine 2%, Tramadol 5%, Ketamine 10%, in Lidoderm is not medically necessary.