

<b>Case Number:</b>	CM15-0077584		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic shoulder, wrist, neck, and low back pain reportedly associated with an industrial injury of April 1, 2013. In a Utilization Review report dated April 7, 2015, the claims administrator approved a request for Norco, denied a topical medication, and denied lumbar MRI imaging. The claims administrator referenced a March 23, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a RFA form dated March 23, 2015, Norco and the topical compounded cream in question were proposed. In an associated progress note of the same date, March 23, 2015, the applicant reported persistent complaints of low back pain, increased over the preceding four days. The applicant stated that her low back pain complaints had heightened since she had returned to regular duty work. Tenderness about the lumbar and cervical spine was noted. Norco, topical compounded medication in question, cervical MRI imaging, and lumbar MRI imaging were proposed. The attending provider suggested that the applicant might consider epidural steroid injection therapy at a later point.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI 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.

**Decision rationale:** No, the proposed lumbar MRI was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate any kind of surgical intervention involving the lumbar spine based on the outcome of the study. The fact that multiple MRIs of the cervical and lumbar spines were proposed on the same office visit, March 23, 2015, reduced the likelihood of the applicant's acting on the results of either study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

**EnovaRX-Ibuprofen 10% cream 60gm, with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesicsnon-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Similarly, the request for an ibuprofen containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. The primary generators here were the neck and low back. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is little evidence to utilize topical NSAIDs such as ibuprofen in the treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical and lumbar spine, i.e., the body parts for which there is little evidence to utilize topical NSAIDs such as ibuprofen. It is further noted that the applicant's ongoing usage of first-line oral pharmaceuticals such as Norco effectively obviated the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems the largely experimental topical compounded agent in question. Therefore, the request was not medically necessary.