

<b>Case Number:</b>	CM13-0036375		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 56-year-old male with a date of injury of November 08, 2012. Relevant documents reviewed in the process of making this determination include agreed medical evaluation (AME) report from August 1, 2013, treating physician and neurosurgical consultation reports from February 6, 2013. Subjective complaints have included back pain radiating into the legs left greater than right. Objective findings have included tenderness to palpation of the lumbar spine, bilateral sacroiliac joint tenderness, and bilateral sciatic notch pain. An electromyography (EMG) on June 7, 2013 revealed left active denervation. The patient was diagnosed with cervical strain, mild degenerative change of the thoracic spine, L4/5 disc herniation, L4/L5 spondylolisthesis, laminectomy changes at L5/S1, left shoulder rotator cuff syndrome and left shoulder tendonitis. The patient has undergone lumbar fusion at L5/S1 on November 8, 2012. Records from April 25, 2013 indicate that the patient has previously been certified for Norco 10/325mg #120. Specific medication history of Biotherm is not readily available. A CT Myelogram has been ordered per the patient's concerns of ongoing cervical spine pain in the context of positive EMG on the left side with left active L5 denervation. An MRI of the cervical spine was already completed on October 17, 2013. Under review is the use of Norco, Biotherm, and further imaging of the cervical spine with a CT myelogram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, opioid therapy is recommended as part of a treatment plan that is tailored to the patient. Considerations must include reasonable alternatives to treatment, and if the patient is likely to improve. Records from April 25, 2013 indicate that the patient has previously been certified for Norco 10/325mg, #120. However, there is limited documentation to support the medication's ongoing efficacy with measurable subjective and/or functional benefit. In addition, there is limited documentation as to the patient's pain contract, risk assessment and urine drug screen monitoring. Therefore the request is not certified.

**Bio-Therm (Capsaicin 0.002%) # 4oz:** 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): 112.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, capsaicin is recommended as an option in patients who have not responded or are intolerant to other treatments. There is no documentation that the patient is intolerant to oral medications or that there is functional benefit. In addition, there is no significant medication history documenting its efficacy or benefits. Therefore the request is not certified.

**computed tomography (CT) myelogram of the spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. The patient has already received an MRI of the cervical spine as well as an EMG documenting positive findings on the left side. The MRI of the cervical spine was completed on October 17, 2013 and revealed reversal of cervical lordosis, no intrinsic abnormality of the cervical cord, no craniovertebral junction abnormality, no fractures, and no bone or soft tissue tumors. As referenced, the ACOEM supports MRI or CT imaging to evaluate red flag symptoms or to validate diagnosis of nerve root compromise. However, the patient has already had MRI imaging. Therefore the request is not certified.

