

<b>Case Number:</b>	CM13-0042710		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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:

The patient is a 68-year-old male whose reported injury date was 03/01/2013 through 05/31/2013. The mechanism of injury was reported that the patient was working as a field worker, jumping over rows in a field, when he started to feel severe pain in the low back. The patient was diagnosed with acute compression fracture at T12 with approximate 50% height loss, herniated nucleus pulposus of the lumbar spine with stenosis, and lumbar radiculopathy. The clinical documentation states the patient reported that the pain in his low back and mid back has radiation into the bilateral legs. The patient rated the pain at an 8/10. The patient also reported stiffness and weakness in his legs. The clinical documentation dated 09/27/2003 indicated the patient was not taking any medication at that time. Objective findings indicated tenderness to palpation over the thoracic and lumbar spine. There was decrease in sensation at the left L4 dermatome. Motor exam was 4/5 in the bilateral psoas, quadriceps, and hamstrings. There was 4-/5 for the left tibialis anterior, EHL(extensor hallucis longus), inversion, plantar flexion, and eversion, and 4/5 right tibialis anterior, EHL, inversion, plantar flexion, and eversion are limited by pain. Straight leg raise on the left at 30 degrees reproduced pain in the foot. A CT scan of the thoracic spine dated 07/2013 revealed moderate compression deformity at the T12 vertebral body with approximately 50% potential height loss. There was a fracture line extending from the center of the vertebral body in the coronal plane. There was no retropulsed bone fragment in the spinal canal. An MRI of the thoracic spine in 09/2013 revealed compression deformity of the T12 vertebral body with marrow edema suggestive of acute/subacute components with evidence of approximately 50% of the vertebral body height. Degenerative disc disease was noted at T1 and T2 central protrusion, but without evidence for canal stenosis or neural foraminal narrowin

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325 mg #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioid, Page(s): 78.

**Decision rationale:** CA MTUS states therapeutic trial of opiates should not be employed until the patient has failed a trial of non opiate analgesics. The clinical documentation stated the patient continued to complain of pain to the low back. The clinical documentation submitted for review indicated the patient was not using any medication. The guidelines recommend a trial of non-opiate analgesics prior to opioid uses. Given the lack of documentation to support guideline criteria, the request is non-certified..

**1 pain management consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California chronic pain medical treatment guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** CA MTUS/ACOEM states referrals may be appropriate when treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The patient continued to complain of low back pain. However, no documentation has been provided which indicates what prior treatments have been attempted and failed for the patient. Given the lack of documentation to support guideline criteria, the request is non-certified.

**The request for 8 acupuncture sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain medical treatment guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The patient complained of low back pain, mid back pain, and also neck pain. However, the clinical documentation submitted for review does not indicate that the patient's

medication was reduced or not tolerated. Given the lack of documentation to support guideline criteria, the request is non-certified.

**1 medication panel to include CBC, renal, and liver function:**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California chronic pain medical treatment guidelines (May 2009)..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.questdiagnostics.com/testcenter>.

**Decision rationale:** CA MTUS/ACOEM nor ODG address this request. The CBC (complete blood count) measures the concentration of white blood cells, red blood cells, and platelets in the blood. The renal panel may be performed for routine health screenings or if a disease or toxicity is suspected. The liver function test are used if a patient taking a medication that can harm the liver, has liver disease, or symptoms of liver or bile system disease (abdominal pain, nausea and vomiting, or yellow skin). The patient reported pain to his low back and mid back. The patient stated he does have some occasional numbness and tingling in his bilateral lower extremities associated with radiating pain into the bilateral lower extremities. However, the clinical documentation submitted for review does not indicate any comorbidity necessitating a CBC, renal panel, or liver function test. Also, the documentation did not indicate that the patient was experiencing any signs or symptoms of any other illness to necessitate a CBC or renal panel laboratory testing. Also, the documentation stated the patient was not currently taking any medication to necessitate a liver function panel. Given the lack of documentation to support guideline criteria, the request is non-certified..

**Unknown prescription of LidoPro cream: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain medical treatment guidelines (May 2009)..

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

**Decision rationale:** CA MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety; also, that they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. CA MTUS states Lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of Lidocaine, whether creams, lotions, or gels, are initiated for neuropathic pain. The patient continued to complain of pain to the low back and lower extremities. However, CA MTUS does not recommend LidoPro cream. Given the lack of documentation to support guideline criteria, the request is non-certified..

