

<b>Case Number:</b>	CM13-0045732		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/20/2005
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 41 year old male with a date of injury of 02/20/2005. The listed diagnoses per [REDACTED] dated 10/07/2013 are: 1. Myoligamentous strain of the lumbar spine with right L5 radiculopathy 2. History of abnormal liver function test. According to report dated 10/07/2013 by [REDACTED], patient presents with constant-severe low back pain radiating to the legs. Objective findings notes "Range of motion of the lumbar spine is decreased, There is tenderness." This is the extent of the report, no other findings are reported.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 303.

**Decision rationale:** This patient presents with constant-severe low back pain radiating to the legs. Treater is requesting a MRI of the lumbar spine to "rule out HNP extension." Medical records document MRI of the lumbar spine dated 04/26/2010, which showed lateral recess stenosis of the L4-L5 level, disc protrusions at L3-4 through L5-S1, annular fissure at L5-S1,

osteophyte formation along the inferior margin of the L3-L4 and L4-L5 disc protrusions and facet arthropathy. For special diagnostics, ACOEM guidelines states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." (page 303). This patient does not present with progressive neurologic deficit. There are no examination findings showing worsening objective findings such as sensory/motor/reflex changes. The patient's prior MRI showed degenerative disc changes without significant pathology causing neurologic issues. Neither ACOEM nor ODG guidelines support obtaining MRI based on subjective symptoms alone. ODG guidelines support MRI if the patient has had surgery in the past. In this case, there are no new injury, progressive neurologic deficit, no new red flags and no surgery that is anticipated. Recommendation is for denial.

**Flurbiprofen 25% lidocaine 5% menthol 1 % Camphor 1%:** Upheld

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

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

**Decision rationale:** This patient presents with constant-severe low back pain radiating to the legs. Treater requests Flurbiprofen/lidocaine/menthol/camphor cream as "patient has responded well to compound medications." The MTUS guidelines has the following regarding topical creams (p111, chronic pain section); "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested compound topical analgesics contain Flurbiprofen, lidocaine, menthol and camphor. MTUS under Topical NSAIDs states it has been "shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis". This patient does not present with osteoarthritis and indication for neuropathic pain is "not recommended as there is no evidence to support use." The requested Flurbi/Lid/Methol/Camphor gel is not medically necessary and recommendation is for denial.

**Omeprazole 20 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** This patient presents with constant-severe low back pain radiating to the legs. Treater requests a refill of Omeprazole. MTUS guidelines states Omeprazole is recommended with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determining if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treater does not provide any GI risk assessment. There is no mention in any of the reports from 12/13/2012 to 10/07/2013 of gastric irritation or pain, no peptic ulcer history, no concurrent use of ASA, anti-coagulation, etc. The requested Omeprazole is not medically necessary and recommendation is for denial.

**Gabapentin 250mg/Acety L Carnitine 125mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**Decision rationale:** This patient presents with constant-severe low back pain radiating to the legs. Treater requests Gabapentin/Acety-L-Carnitine. MTUS has the following regarding Gabapentin (MTUS pg 18, 19) Gabapentin (Neurontin®®, Gabarone®, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) The MTUS, ACOEM and ODG guidelines do not discuss Acetyl-L-carnitine. Acetyl-L-carnitine is an amino acid (a building block for proteins). This combination product appears to be a supplement health product of some sort. Although this patient may benefit from a trial of Gabapentin for neuropathic pain, there is no medical evidence for a compounded medication with Acetyl-L-carnitine. The treater should consider prescription of Gabapentin if the intention was to treat the patient's neuropathic pain. Recommendation is for denial.