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| Case Number: | CM13-0060593 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 01/28/2004 |
| Decision Date: | 05/12/2014 | UR Denial Date: | 11/13/2013 |
| Priority: | Standard | Application Received: | 12/03/2013 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 55 year old female who was injured on 01/28/2004. She sustained an injury as a result of continuous trauma in the work place. Prior treatment history has included physical therapy. The patient underwent a lumbar epidural steroid injection and lumbar epidurogram on 12/11/2013. Comprehensive drug screen dated 08/30/2013 tested positive for Zolpidem, opiates, false positive for Tricyclic antidepressants and oxycodone, hydrocodone and hydromorphone which was inconsistent. These results are indicative of an inconsistency with prescribed therapy. A combination of Zolpidem and hydrocodone may increase CNS depression therefore these drugs must be used with caution and avoid operating a vehicle or heavy machinery. Diagnostic studies reviewed include MRI of the lumbar of the lumbar spine dated 01/31/2013 revealed: 1. L4-5 interspace shows a mild to moderate broad-based posterior disc protrusion measuring 3.8 mm in size. There is effacement of the anterior thecal sac slightly more to the right. Bilateral facet arthropathy is also slightly greater to the right with mild to moderate ligamentum flavum thickening. There is mild central stenosis as well as a tear of the annulus. 2. At L5-S1, there was a mild broad-based posterior disc protrusion measuring 2.3 mm in size. There is mild to moderate facet arthropathy and asymmetry of the neural recess at the left, appearing mildly narrowed. 3. At L3-4, there is a mild broad-based posterior disc protrusion measuring 2.7 mm in size with slight effacement of the adjacent thecal sac with neural foramina appearing to be preserved. EMG/NCV dated 02/06/2013 revealed positive results for mild to slight bilateral carpal tunnel syndrome, negative for ulnar compression on either side; negative for peripheral neuropathy. MRI of the cervical spine without contrast revealed: 1. Degenerative changes in the cervical spine 2. Mild spinal canal stenosis with AP dimension of 8 mm at C3-4 level where there is a 2 mm retrolisthesis of C3 on C4 due to degenerative disc disease 3. There was a 1-2 mm retrolisthesis of C4 on C5 due to degenerative disc disease 4. There was a 1-2 mm broad-

based central disc protrusion at C5-6 level 5. Annular fissuring at the C4-5 and C5-6 levels 6. Mild osteoarthritis of the right C4-5 facet joints 7. Perineural cysts at C4-5, C5-6, C6-7, C7-T1 and T1-2 levels PR2 dated 09/05/2013 indicated the patient had complaints of low back pain with radiation greater on the left side than the right, worsened over the last few weeks with a lot of numbness and difficulty with activities of daily living. She had a complaint of neck pain with radiation to both shoulders and bilateral shoulder pain that was persistent. The pain occasionally radiated down both upper extremities. The shoulder pain has recently worsened and she has had difficulty lying on either side and raising arms above shoulder level along with bilateral wrist and hand pain/numbness, right greater than left. On physical examination, shoulder exam revealed tenderness of both shoulders, right more than left; impingement sign is positive bilaterally, right greater than left. There was crepitation heard on range of motion of the right shoulder. The right shoulder flexion was 110 degrees; abduction was 100 degrees and extension was 20 degrees. The left shoulder exam revealed flexion at 130 degrees; abduction 120 degrees and extension 30 degrees. Cervical spine examination revealed paracervical muscle spasm, more Final Determination Letter for IMR Case Number [REDACTED] on the right than the left. AROM revealed: flexion 80% of normal; extension 80% of normal; Right lateral flexion 80% of normal; and left lateral flexion 80% of normal. Spurling's sign was positive to the right, causing right scapular pain. It was negative on the left. The lumbar spine inspection was negative. On palpation, there was slight to moderate paralumbar muscle spasm, more on the right than the left. AROM revealed: flexion 50% of normal; extension 50% of normal; right lateral flexion 70% of normal; and left lateral flexion 70% of normal. Straight leg raise test was positive to the left at 70 degrees in the sitting position, causing low back, buttock, and calf pain. Straight leg raise was negative on the right; Lasegue's test was negative bilaterally. Her wrists and hands examination revealed tenderness of the dorsum of the wrist and the lateral wrist on the left as compared to the right. Her wrist range of motion was normal; Tinel's sign was positive bilaterally, more on the left than the right; Phalen's sign was positive on the left at 20 seconds and on the right at 30 seconds, producing paresthesia of the first through fourth digits. The patient was diagnosed with 1) Left lumbar radiculopathy exacerbation with chronic lumbar strain 2) Cervical strain, right greater than left, with right cervical radiculopathy 3) Bilateral wrist and hand pain/paresthesia with clinical and electrodiagnostic bilateral carpal tunnel syndrome, with clinical subjective worsening with recurrent carpal tunnel symptomatology since about 05/09, left greater than right 4) Bilateral shoulder strain with impingement, status post right shoulder surgery 04/22/2009 and. It was recommended that the patient receive a pain management consultation for consideration of pain management epidural steroid injections or facet injections; a neurosurgery consultation for the patient's cervical spine; physical therapy to reduce her pain and improve her function; treatment for the extensor tendinitis; Norco, Lunesta; Xoten-C lotion; Continue to authorize artificial tears; continue home exercising and stretching as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE-TIME SALIVA DNA TEST BETWEEN 8/20/13 AND 1/11/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.NCBI.NLM.NIH.GOV/PUBMED/19771133?DOPT=ABSTRACT BIOMED](http://www.ncbi.nlm.nih.gov/pubmed/19771133?dopt=abstract+biomed)

PAP MED FAC UNIV PALACKY OLOMOUC CZECH REPUB. 2009JUN;153(2):103-10.
'SALIVA AS A DIAGNOSTIC MEDIUM'. PINK R1, SIMEK.

Decision rationale: According to the current medical literature, Saliva DNA test is not superior to urine drug screening. The current medical evidence indicates that some opioids, such as morphine is detected more often in the urine, while other opioids such as methadone has the same detection frequency in the urine and oral specimens. Also the diagnostic value of this test is not determined at this time being as an alternative to the routine urine drug screening. Therefore, the request is not medically necessary according to the guidelines. Therefore the request is non-certified.

ONE PRESCRIPTION OF TGHOT (CAPSAICIN COMPOUNDED OINTMENT) 180 GM BETWEEN 8/30/2013 AND 1/11/2014: 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): 111-113.

Decision rationale: According to the CA MTUS guidelines, TGhot (Capsaicin compound ointment) has no research to support its use. The medical records document patient being diagnosed with chronic lumbar spine pain with radiculopathy, and cervical spine pain with radiculopathy. The patient has received one lumbar epidural injection dated 12/11/21013. In the absence of documented outcome of the prior epidural injection and the lack of support of using custom compounded topical medication, the request is not medically necessary according to the guidelines. Therefore the request is non-certified.