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| <b>Case Number:</b>   | CM13-0066909 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 08/14/2009 |
| <b>Decision Date:</b> | 04/15/2014   | <b>UR Denial Date:</b>       | 12/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2013 |

### 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 Preventive Medicine, has a subspecialty in Occupational and Environmental Medicine and is licensed to practice in California and Oklahoma. 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 54 year old male who was injured on 08/14/2009 who has low back pain after his truck jolted and he hit the steering wheel. Prior treatment history has included three epidural injections and physical therapy. His medications include: 1. Norco 10/325 mg 2. Tizanidine 4 mg 3. Omeprazole 20 mg, 4. Creams: flurbiprofen 20%, Tramadol, 20% gabapentin 10%/amtryptilline 10%/dexamethorphan 10%. Diagnostic studies reviewed include: MRI of the lumbar spine dated 08/26/2013 with the following impression: 1. L1-L2 disc level shows dehiscence of the nucleus pulposus with a tear of the inferior extrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. Lumbosacral canal exacerbated by slight thickening of the ligamentum flavum and bony hypertrophy of the articular facets. The neural foramina appear patent. Lateral recesses are clear. 2. L2-L3 disc level shows dehiscence of the nucleus pulposus with a tear of the inferior annulus of the nucleus pulposus. There is a 6 mm downward extrusion of the nucleus pulposus indenting the anterior portion of the lumbosacral sac. Moderate compromise of the anterior posterior (AP) sagittal diameter of the lumbosacral canal exacerbated by slight thickening of the ligamentum flavum and bony hypertrophy of the articular facets. 3. L3-4 disc level shows mild dehiscence of the nucleus pulposus with a 4 mm midline disc bulge indenting the anterior portion of the lumbosacral sac. Minimal compromise of the AP sagittal diameter of the lumbosacral canal. Bilateral hypertrophy of the ligamentum flavum. 4. L4-5 disc level shows mild dehiscence of the nucleus pulposus with a 4 mm midline disc bulge indenting the anterior portion of the lumbosacral sac. Minimal compromise of the sagittal diameter of the lumbosacral canal. Bilateral hypertrophy of the ligamentum flavum. 5. L5-S1 disc level shows mild dehiscence of the nucleus pulposus with a 4 mm midline disc bulge indenting the anterior portion of the lumbosacral sac. Minimal compromise of the AP sagittal

diameter of the lumbosacral canal. Bilateral hypertrophy of the ligamentum flavum. PR-2 dated 09/10/2013 documented the patient to have complaints in the lumbar spine of severe dull, achy, sharp low back pain and stiffness, aggravated by repetitive movement, lifting 10 pounds, repetitive standing, repetitive walking, repetitive climbing stairs, repetitive bending and repetitive kneeling. He had complaints of intermittent moderate left knee pain, associated with lifting 10 pounds, bending, kneeling and squatting. The patient complains of intermittent moderate right knee pain, stiffness, weakness, associated with walking, bending, kneeling and squatting. There is complaint of loss of sleep due to pain. Patient suffers from depression, anxiety and irritability. Objective findings on exam included examination of the lumbar spine showing there is muscle spasm of the lumbar paravertebral muscles. Kemp's causes pain bilaterally. Sitting straight leg raise is positive bilaterally. Examination of the right knee reveals ranges of motion are decreased and painful. (Extension 0/0, flexion 125/140). There is +3 tenderness to palpation of the anterior knee, lateral knee, and medial knee. McMurray's causes pain. Examination of the right knee reveals ranges of motion are decreased and painful. (Extension 0/0, flexion 130/140). There is +3 tenderness to palpation of the anterior knee, lateral knee and medial knee. McMurray's is positive. There are psychological complaints as well. Diagnoses: 1. Lumbar disc protrusion 2. Lumbar myospasm 3. Lumbar radiculopathy 4. Lumbar strain/sprain 5. Left knee internal derangement 6. Left knee strain/sprain 7. Right knee internal derangement 8. Right knee strain/sprain 9. Loss of sleep 10. Sleep disturbance 11. Anxiety 12. Depression

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MEDICATION-COMPOUND:** 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 Topical Analgesics Page(s): 111.

**Decision rationale:** MTUS chronic pain guidelines detail: 'a compound product that contains at least one drug (or drug class) that is not recommended is not recommended'. Gabapentin is not recommended per MTUS. Although the provider notes state that meds and creams are helpful there is not enough information to determine medical necessity. Objective functional gains related specifically to the compound are unable to be deciphered. In addition, compounds are not appropriate for back use with local absorption unable to get to neural structures. Therefore, the request is not medically necessary.