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| <b>Case Number:</b>   | CM13-0070305 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 05/25/2011 |
| <b>Decision Date:</b> | 06/24/2014   | <b>UR Denial Date:</b>       | 12/17/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/24/2013 |

### 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 & Rehabilitation 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 injured worker is a 39-year-old female who reported an injury on 05/25/2011 due to an unknown mechanism. The clinical note dated 11/12/2013 indicated diagnoses of degenerative disc disease of the cervical spine, lumbar spine degenerative disc disease, and lumbar spine radiculopathy. The injured worker reported low back pain rated 8/10 to 9/10 that radiated to the right lower extremity with numbness and tingling to her foot. The injured worker reported having some significant back spasms. On physical exam, there were decreased reflexes in the bilateral patella and increased reflexes in the bilateral Achilles. The injured worker had a positive straight leg raise on the right at 60 degrees causing radiating pain to her calf. The injured worker's slump test was positive on the right. The unofficial MRI of the lumbar spine dated 07/20/2010, revealed degenerative changes in the lumbar spine most marked at L4-5 at which there was mild to moderate canal and bilateral foraminal stenosis. There was mild canal and bilateral foraminal stenosis at L2-3 and L5-S1. The injured worker reported she had not received any side effects from the Norco that she had taken. The injured worker reported she had completed 17 sessions of chiropractic physiotherapy which helped decrease her pain and improved her ability to function. The injured worker reported it is also helped her to participate in a home exercise program. The injured worker last worked in 06/2011. The Request for Authorization was not submitted for review to include the date the treatment was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for Cyclobenzaprine 7.5mg #90 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. There was lack of evidence in the documentation of a trial of a first line option such as NSAIDs) non-steroidal anti-inflammatory drugs. In addition, the guidelines recommend muscle relaxants as short term and the requested 90 day is not consistent with short term. Furthermore, the request did not provide a frequency for the Cyclobenzaprine. Therefore, per the California MTUS Guidelines, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

**HYDROCODONE/ APAP 10/325 MG # 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOID'S,

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

**Decision rationale:** The request for Hydrocodone/Apap 10/325mg #90 is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behavior and side effects. In addition, the request did not provide a frequency. Therefore, based on the documentation provided, the request is not medically necessary.

**TEROCIN PAIN PATCH BOX # 1 ( 10 PATCHES):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Terocin Pain Patch Box #1 (10 Patches ) is not medically necessary. The Terocin patch ingredients include menthol 4%, lidocaine 4%, capsaicin 0.025% and methyl salicylate 25%. The Chronic Pain Medical Treatment Guidelines, support lidocaine but only in the form of a lidoderm patch. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The Chronic Pain Medical Treatment Guidelines, state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The injured worker did not have a diagnosis of post-herpetic neuralgia or diabetic neuropathy. In addition, it was not documented that the injured worker was intolerant to other treatments to support the use of Capsaicin. Therefore, given the formulation of lidocaine is not supported by guidelines and given the use of Capsaicin is not supported by the documentation provided, the request is not supported. Therefore, the request for Terocin Pain Patch Box #1 (10 Patches ) is not medically necessary.

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 ( LOW BACK COMPLAINTS), 303

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

**Decision rationale:** The request for MRI of the Lumbar Spine is not medically necessary. The Low Back Complaints /ACOEM Guidelines state 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. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The Official Disability Guidelines further state repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). There is evidence of a prior MRI on 10/2012; however, there was lack of evidence in the subjective and objective findings such as documented red flags, serious pathology changes to indicate a repeat MRI. Therefore, per the Low Back Complaints/ACOEM guidelines, the request for Lumbar MRI is not medically necessary.