

<b>Case Number:</b>	CM14-0003469		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	02/24/2012
<b>Decision Date:</b>	06/19/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 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 65 year old male who reported an injury on 02/24/2012 secondary to a motor vehicle accident. He had a lumbar fusion prior to the injury in 2010. An x-ray on the date of the injury revealed remote L3-5 fusion and mild degenerative disc disease at L3-4. An EMG on 05/26/2012 was suggestive of chronic left L5 radiculopathy. The injured worker underwent L5-S1 epidural steroid injections on 07/11/2012 and 08/31/2012 which provided pain relief for about a week, and he attended an unknown duration of physical therapy. He was evaluated on 10/09/2013 and reported low back pain of unknown severity with bilateral radicular symptoms. On physical examination, the injured worker was noted to have tenderness with 45 degrees of lumbar flexion and 20 degrees of lumbar extension. He was diagnosed with myoligamentous strain of the lumbar spine, rule out recurrent herniated nucleus pulposus. The injured worker underwent a repeat x-ray of the lumbar spine on 10/26/2013 which revealed the previous lumbar fusion and satisfactory alignment and apposition. A request for authorization was submitted on 12/16/2013 for an x-ray of the lumbar spine-complete including oblique, and tramadol 15%/dextromethorphan 10%/capsaicin 0.025% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAY OF THE LUMBAR SPINE - COMPLETE INCL. OBLIQUE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303.

**Decision rationale:** California MTUS/ACOEM Guidelines do not recommend lumbar spine x-rays in injured workers with low back pain in the absence of red flags for serious spinal pathology. The injured worker reported low back pain of unknown severity with radicular symptoms. On physical exam, he was noted to have tenderness and limited range of motion. There are no recently documented clinical findings fail to indicate the presence of a red flag. Furthermore, the injured worker had an x-ray on the date of the injury which revealed his previous fusion and mild degenerative disc disease and an x-ray 10/26/2013 which was also consistent with the previous fusion and was satisfactory. There are no exceptional factors or rationale documented to indicate an acute change in condition or warrant an additional x-ray. As such, the request for X-Ray of the Lumbar Spine-complete including Oblique is not medically necessary.

**TRAMADOL 15%, DEXTROMETHORPAN 10%, CAPSAICIN 0.025%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 111-113.

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

**Decision rationale:** California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in injured workers who have not responded or are intolerant to other treatments. There is a lack of documented evidence in the medical records submitted for review to indicate a failure of treatment with antidepressants or anticonvulsants. As such, the request for Tramadol 15%/Dextromethorphan 10%/Capsaicin 0.025% is not medically necessary.