

Case Number:	CM14-0004307		
Date Assigned:	02/05/2014	Date of Injury:	12/04/2003
Decision Date:	06/23/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 46-year-old female who has filed a claim for lumbar and cervical degenerative disc disease associated with an industrial injury date of December 04, 2003. Review of progress notes reports low back pain radiating into the left thigh. The patient has had significant improvement of radicular pain after receiving a lumbar epidural steroid injection, but flare up of pain symptoms was noted due to lack of access to medications. Findings include tenderness of the lumbar region, more on the left L4 area, with spasms. Flexion, extension, and straight leg raise do not cause radiating pain, as they did previously. Mention of a lumbar MRI from June 2013 showed mild anterolisthesis of L4 on L5. Cervical x-ray, dated July 11, 2013, showed stable implantation of [REDACTED] disc replacement at C4-5 and C5-6, and small anterior osteophyte a C6-7. Treatment to date has included NSAIDs, opioids, Lyrica, Neurontin, muscle relaxants, Lidoderm patch, Ambien, Pristiq, Compazine, ThermaCare, lumbar epidural steroid injections in November 2013, physical therapy, and psychotherapy. Patient also had cervical fusion and disc replacement surgery and lumbar fusion surgery, with dates unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTED TOMOGRAPHY (CT) OF BILATERAL SACROILIAC JOINTS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, CT (COMPOUND TOMOGRAPHY)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. As noted in ODG, the criteria for lumbar CT include lumbar spine trauma with neurological deficit; or traumatic or infectious myelopathy; or to evaluate a pars defect not identified on plain x-rays; or to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the patient does not present with conditions as listed above. Also, latest progress notes do not indicate symptoms referable to the sacroiliac joints. Therefore, the request for CT of bilateral sacroiliac joints was not medically necessary per the guideline recommendations of ODG.

X-RAY OF LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12, PAGE 303

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, RADIOGRAPHY (X-RAYS).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for x-rays include lumbar spine trauma; uncomplicated low back pain due to trauma, steroids, osteoporosis, age > 70; myelopathy that is traumatic, painful, sudden in onset; or post-surgery, to evaluate the status of fusion. In this case, patient does not meet the criteria as listed above. Progress notes do not show recent surgery, or significant worsening of symptoms since previous lumbar imaging. Also, there is no reason to suspect failure of fusion. Mention of a lumbar MRI from June 2013 showed mild anterolisthesis of L4 on L5. It is unclear as to why a lumbar x-ray is necessary at this time. Therefore, the request for x-ray of lumbar spine was not medically necessary per the guideline recommendations of ODG.

MS CONTIN #30: 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 78-81.

Decision rationale: As noted on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Report dated November 13, 2013 indicated that patient is taking Norco, 200mg tramadol, and BuTrans patch 20mg per day, in addition to other pain medications. The requesting physician notes that the patient needs a stronger medication, as current medications have not been effective in alleviating the symptoms. In this case, there is no documentation regarding periodic urine drug screens to monitor proper medication use. Also, latest progress notes document significant improvement of symptoms after the lumbar epidural steroid injection, and adding another opioid to the medication regimen is not currently indicated. Lastly, dosage and frequency of intake were not specified in the request. Therefore, the request for MS Contin #30 was not medically necessary per the guideline recommendations of CA MTUS.

TOPICAL NEUROPATHIC CREAM WITH 10% KETAMINE, 3% DICLOFENAC, 2% BACLOFEN, 2% CYCLOBENZAPRINE, 6% GABAPENTIN, 2% LIDOCAINE AND 10% DMSO: 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 CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 111-113.

Decision rationale: As noted on page 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, many agents are compounded as monotherapy or in combination for pain control. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to CA MTUS, ketamine is only recommended for treatment of neuropathic pain in refractory cases. Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, which excludes the spine, hip, or shoulder, Baclofen is not recommended for topical use. Likewise, there is no evidence for use of topical cyclobenzaprine and gabapentin. Regarding the Lidocaine component, topical formulations of lidocaine (whether creams, lotions, or gels) are not indicated for neuropathic or non-neuropathic pain complaints. In this case, patient does not present with refractory neuropathic pain or osteoarthritic pain. Also, certain components of this compounded medication are not recommended for topical use. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for topical neuropathic cream with 10% ketamine, 3% diclofenac, 2% baclofen, 2% cyclobenzaprine, 6% gabapentin, 2% lidocaine, and 10% DMSO was not medically necessary per the guideline recommendations of CA MTUS.