

<b>Case Number:</b>	CM14-0104712		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/24/2004
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Occupational 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:

Patient is a 53-year-old male who has submitted a claim for degeneration of cervical intervertebral disc, degeneration of lumbosacral intervertebral disc, lumbago, and nontraumatic compartment syndrome associated with an industrial injury date of 09/24/2004. Medical records from 2014 were reviewed. Patient complained of neck pain, low back pain, and shoulder pain, described as aching, cramping, and tightness. The pain radiated to bilateral lower extremities, associated with numbness and tingling sensation. Patient reported that seizure started 8 months prior to initial prescription of Demerol and Toradol. Physical examination showed paralumbar tenderness. Patient was not able to heel and toe walk. Reflexes were intact. Treatment to date has included medications such as Keppra, Demerol, Naprosyn, Nucynta, and Toradol injection (since February 2014). Utilization review from 07/02/2014 denied the request for X-ray of pelvis, X-ray of hip, and X-ray of lumbar spine because there was no documentation to support its medical necessity; denied Carbamazepine 200 mg #180 because there was no documentation that patient had trigeminal neuralgia; and denied injection of Demerol 300 mg, Toradol 60 mg, and Phenergan 50 mg in the right gluteal because it was not guideline recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-ray of pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hip and pelvis, x-ray.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hips and Pelvis, X-Ray.

**Decision rationale:** CA MTUS does not specifically address x-ray of the hips and pelvis. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that x-ray is recommended. Plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury. In this case, the records did not show recent severe injury to the pelvis or symptoms referable to the pelvic area. Furthermore, the patient was not identified as being high risk for hip osteoarthritis. There were no subjective complaints or objective findings pertaining to the pelvis that may warrant further investigation by utilizing x-ray. There is no clear indication for pelvis radiograph at this time. Therefore, the request for x-ray of pelvis is not medically necessary.

**X-ray of hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hip and pelvis, x-ray.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis Section, X-ray.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that X-Rays of the pelvis should routinely be obtained in patients sustaining a severe injury, or hip osteoarthritis. There are limitations of radiography in detecting hip or pelvic pathologic findings, including fractures, as well as soft-tissue pathologic findings. In this case, the records did not show recent severe injury to the hip or findings consistent with arthritis. Furthermore, the patient was not identified as being high risk for hip osteoarthritis. There were no subjective complaints or objective findings pertaining to the pelvis that may warrant further investigation by utilizing x-ray. There is no clear indication for hip radiograph at this time. Therefore, the request for x-ray of the hip is not medically necessary.

**X-ray of lumbar spine:** Upheld

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

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

**Decision rationale:** The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In this case, patient complained of low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Physical examination showed paralumbar tenderness. However, there was no comprehensive recent physical examination to support the present request. It is unclear what specific etiology is being considered requiring X-rays as diagnostic procedure, and how it will affect treatment plans. There is no evidence of new injury that support utilization of X-rays. Therefore, the request for x-ray of the lumbar spine is not medically necessary.

**Carbamazepine 200 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines carbamazepine Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2., Anti-Epilepsy Drugs, Carbamazepine Page(s): 16-17, 21.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antiepileptic drugs are recommended as a first line option for neuropathic pain, i.e. painful polyneuropathy and postherpetic neuralgia. Carbamazepine has been shown to be effective for trigeminal neuralgia and has been FDA approved for this indication. In this case, patient has been on carbamazepine since June 2014. Patient complained of low back pain radiating to bilateral lower extremities, associated with numbness and tingling sensation. Clinical manifestations are consistent with neuropathic pain to warrant an antiepileptic drug. However, patient also reported seizure episodes; hence, Keppra was included in his treatment regimen since March 2014. It is unclear if Keppra was shifted to carbamazepine or if carbamazepine was prescribed as adjuvant therapy. Moreover, there was no discussion concerning frequency, characteristic, and associated symptoms during seizure episodes. The medical necessity cannot be established due to insufficient information. Therefore, the request for Carbamazepine 200 mg #180 is not medically necessary.

**Injection of Demerol 300 mg, Toradol 60 mg, and Phenergan 50 mg in the right gluteal:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 61, 72, 74, 78-97. Decision based on Non-MTUS Citation Official Disability Guidelines, pain, antiemetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine (Demerol), Ketorolac Page(s): 61, 72. Decision based on Non-MTUS Citation Other

Medical Treatment Guideline or Medical Evidence: US Food and Drug Administration, Phenergan.

**Decision rationale:** As stated on page 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, ketorolac (Toradol) is not indicated for minor or chronic painful conditions. Page 61 states that Meperidine is a narcotic analgesic, similar to morphine, and has been used to relieve moderate to severe pain. It is not recommended for chronic pain control. On the other hand, the FDA states that Phenergan is indicated for active and prophylactic treatment of motion sickness; antiemetic therapy in postoperative patients; anaphylactic reactions; as adjunctive therapy to epinephrine and other standard measures, after the acute manifestations have been controlled; preoperative, postoperative, or obstetric sedation; or prevention and control of nausea and vomiting associated with certain types of anesthesia and surgery. In this case, patient complained of chronic neck pain, low back pain, and shoulder pain, described as aching, cramping, and tightness. The pain radiated to bilateral lower extremities, associated with numbness and tingling sensation. Patient has been receiving IM Toradol/Demerol/Phenergan injection since February 2014 without documented symptom relief and functional improvement. Moreover, guidelines state that meperidine is not recommended for chronic pain control. There is no rationale or discussion concerning the use of unsupported medication. Therefore, the request for injection of Demerol 300 mg, Toradol 60 mg, and Phenergan 50 mg in the right gluteal is not medically necessary.