

<b>Case Number:</b>	CM14-0015280		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	09/12/2011
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic 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:

The patient is a 44-year-old female who was injured on 09/12/2011. The patient squatted down to hold a child and was almost pushed down to the floor. She was able to avoid falling down by grabbing the doorframe with her right arm. At that moment, she experienced a sharp pain in her lower back. Prior treatment history has included physical therapy, tramadol, 8 sessions of acupuncture, and TENS unit. She received an epidural injection with partial benefit for approximately 2 weeks in October 2013. The patient underwent a bunionectomy in 2011. Urine drug screen dated 03/24/2014 detects inconsistent results for prescribed medication (Ultram is not detected). Diagnostic studies reviewed include MRI of the lumbar spine without contrast dated 02/10/2014 demonstrates L5-S1 disk degeneration. There is a 3-4 mm broad-based disk bulge encroaching into the inferior recess of bilateral neural foramina, causing mild bilateral neural foraminal narrowing. There are moderate to severe bilateral hypertrophic facet degenerative changes. At L4-L5, there is a 3 mm broad-based disk bulge causing mild bilateral neural foraminal narrowing with moderate bilateral hypertrophic facet degenerative changes; and multilevel disk desiccation. PR-2 dated 03/24/2014 states the patient has occasional dull pain in the lumbar spine. She states that her pain is slight and the pain is aggravated by rotation. Her low back pain has improved by 35% due to prior injections in the low back. The pain in her left leg is not noticeable due to the improved low back pain. Objective findings on exam revealed no bruising, swelling, atrophy, or lesion present at the lumbar spine. The ranges of motion are decreased and painful; Extension 15/25; Flexion 35/60; left lateral bending (LLB) 15/25; and right lateral bending (RLB) 15/25. There is +3 tenderness to palpation of the L4-S1 spinous processes. Lasegue's Test causes pain bilaterally. Crossed straight leg raise is negative; femoral stretch is negative. Diagnoses are lumbar degenerative disc disease, lumbar disc displacement and lumbar facet syndrome. Treatment and plan recommends the following medications:

Ultram, Prilosec; Flur-Diclo Compound; Medrox patch; and Compound Topical cream. There are also requests for discogram L3-L4 to L5-S1, posterior spinal fusion L4-5 and L5-S1, and urine test to monitor prescribed medications. A qualified medical evaluation (QME) report will be obtained from 01/2014 for review. PR-2 dated 11/11/2013 reports the patient has pain in her lower back and it has gotten worse. The pain radiates into the left lower extremity and there is numbness and weakness in the left leg. Examination reveals tenderness to palpation, guarding, limited and painful range of motion, and positive orthopedic tests. The patient was declared &S on 01/23/2013. The patient has failed conservative treatment and is a surgical candidate for a lumbar discogram at L3-4 to L5-S1 or posterior spinal fusion at L4-5 and L5-S1. She states that she would like to proceed with surgical intervention. Pending authorization for surgery, she was provided with refills of her Ultram, Prilosec, and FluriFlex compound. She remains permanent and stationary (P&S).

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

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

#### **LUMBAR DISCOGRAM OF L3-4 TO L5-S1: 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): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discography.

**Decision rationale:** According to the CA MTUS guidelines, Discography is not recommended for assessing patients with acute low back symptoms. According to the ODG, Discography is not recommended except in selected patient. The medical records document complained of occasional dull low back pain, which improved on prior injection and medication. On physical examination, there was a decrease in range of motion (ROM) and thrombotic thrombocytopenic purpura (TTP) of the L4-S1 spinous processes. MRI lumbar spine dated 2/10/2014 revealed disc bulge at L4-L5, and L5-S1 with degenerations and moderate bilateral hypertrophic facet degenerative changes with mild bilateral neural foraminal narrowing. According to the ODG, MRI should demonstrate one or more degenerative discs as well as one or more normal appearing discs to allow for internal control injection all of the qualifying conditions must be met prior to proceeding to discography as discography should be viewed as a non -diagnostic but confirmatory study for selecting operative levels for the proposed surgical procedure. Discography should not be ordered for a patient who does not meet surgical criteria. There is a discrepancy between the MRI result and the requested discography level and also the level of lumbar fusion requested. Therefore, the request is not medically necessary according to the guidelines.

#### **PROABLE POSTERIOR SPINAL FUSION AT 2 LEVELS BASED ON THE L/S DISCOGRAM: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211.

**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, Fusion (Spinal).

**Decision rationale:** According to the CA MTUS guidelines, spinal fusion may be considered for Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. According to ODG, spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic loss. The medical records document complained of occasional dull low back pain, which improved on prior injection and medication. On physical examination, there was a decrease in ROM and TTP of the L4-S1 spinous processes. MRI lumbar spine dated 2/10/2014 revealed disc bulge at L4-L5, and L5-S1 with degenerations and moderate bilateral hypertrophic facet degenerative changes with mild bilateral neural foraminal narrowing. In the absence of documented X-rays demonstrating spinal instability, and there is no documentation of neurological sever loss objectively or by electrophysiologic studies, further the patient has responded to epidural injection as indicated in the PR2 dated 3/24/2014 as there is no noticeable left leg pain due to the improvement of low back pain. The request is not medically necessary according to the guidelines.

**PRILOSEC 20 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reference Article on Medscape at <http://reference.medscape.com/drug/prilosec-omeprazole-341997>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** According to CA MTUS guidelines, proton pump inhibitors (PPIs) are recommended in patients at intermediate risk for GI events. The medical records document complained of occasional dull low back pain, which improved on prior injection and medication. On physical examination, there was a decrease in ROM and TTP of the L4-S1 spinous processes. In the absence of documented history of peptic ulcer, GI bleeding or perforation or concurrent use of corticosteroids and or anticoagulant or multiple NSAIDs, further, long-term PPIs use has been shown to increase the risk of hip fracture. Therefore, the request is not medically necessary according to the guidelines.

**FLURIFLEX COMPOUND CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

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

**Decision rationale:** According to CA MTUS guidelines, topical Analgesics are recommended when applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The medical records document complained of occasional dull low back pain, which improved on prior injection and medication. On physical examination, there was a decrease in ROM and TTP of the L4-S1 spinous processes. Fluriflex compound cream contains Flurbiprofen, which is topical NSAIDs that is not recommended for neuropathic pain and has little evidence for treatment osteoarthritis of spine; therefore, the request is not medically necessary according to the guidelines.