

<b>Case Number:</b>	CM14-0113532		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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 Surgery 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:

This 37-year-old male field inspector sustained an industrial injury on 6/23/11. Injury occurred when he fell off a two-story ladder landing on the ground on his right side. He was then hit on the head but an air tank that also fell off the roof. Injury to the right ankle was reported with initial inability to bear weight, swelling and bruising. Records indicated persistent right ankle pain and difficulty with prolonged weight bearing activities. The 7/13/11 right ankle MRI documented bony contusion involving the lateral talar dome and a small amount of tibiotalar joint effusion due to mild synovitis. Conservative treatment for the right ankle included bracing, activity modification, corticosteroid injection, medications and physical therapy. The 5/27/14 cervical spine x-ray revealed mild discogenic spondylosis C4-6, mild degenerative facet and uncovertebral joint arthrosis C4-C6, and mildly diminished cervical lordosis. The 5/27/14 lumbar x-ray revealed mild discogenic spondylosis L5/S1. The 5/27/14 right knee x-ray revealed mild degenerative arthrosis medial femorotibial joint and degenerative enthesophyte superior aspect of the patella. The 5/27/14 right ankle x-ray revealed a subtle transverse lucency at the distal aspect of the fibula, possibly representing a fracture deformity. There was a prominent degenerative enthesophyte, plantar aspect of the calcaneus. The 5/30/14 initial spinal orthopedic report cited grade 9/10 neck pain radiating into the right upper extremity to the hand with numbness and weakness. Low back pain was reported grade 9/10 radiating into the right lower extremity to thoracic foot with numbness and weakness. Additional complaints included severe headaches, grade 8/10 right wrist, grade 4/10 right knee, and grade 9/10 right ankle pain. Medications included Naproxen, Flexeril, and Prilosec. Prilosec was helping improve his gastrointestinal symptoms. Cervical spine exam documented mild to moderate loss of range of motion and tenderness. There was decreased right C5, C7, and C8 dermatomal sensation and decreased right wrist extension, wrist flexion, and triceps strength. There were normal biceps and brachioradialis

reflexes. Triceps were hyperreflexic bilaterally. Hoffman's test was positive on the right. Lumbar exam findings documented moderate loss of range of motion with tenderness and inability to heel and toe walk. There was decreased right L3, L4 and L5 dermatomal sensation. Patellar and Achilles were hyperreflexic bilaterally. There was decreased tibialis anterior, extensor hallucis longus, inversion, plantar flexion and eversion weakness on the right. Straight leg raise, Lasegue's and L'hermitte tests were positive. The diagnoses included rule-out cervical, thoracic, and lumbar herniated nucleus pulposus and rule-out cervical and lumbar radiculopathy. The physician requested review of x-rays and electrodiagnostic studies. An orthopedic consult was requested for the right wrist and knee complaints. A podiatric consult was requested for the right ankle complaints. MRIs of the cervical and lumbar spine were requested given the patient's persistent pain complaints and radicular symptoms. Acupuncture and medications were also recommended. A med panel was requested to evaluation hepatic and renal function to maximize medication safety. The 6/27/14 utilization review denied the requests for orthopedic and podiatry consults, omeprazole, topical LidoPro, a med panel, and cervical and lumbar spine MRIs based on an absence of documented indications or guideline support.

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

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

#### **Omeprazole 20mg, qty 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 68-69 Page(s): 68-69.

**Decision rationale:** The California MTUS guidelines recommend the use of proton pump inhibitors (PPIs), such as omeprazole, for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria have been met. This patient has been using Naproxen for an extended period of time with documentation of gastrointestinal complaints relieved by omeprazole. Therefore, this request is medically necessary.

#### **Lidopro Topical Ointment 4 oz, qty 1: 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 Page(s): 111-113.

**Decision rationale:** The California MTUS guidelines state that if any compounded product contains at least one drug (or drug class) that is not recommended, then the compounded product is not recommended. LidoPro is a topical analgesic that combines Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. Capsaicin 0.0325% is not recommended as there are no current indication that an increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is not recommended for non-neuropathic pain and only Lidocaine in the dermal patch formulation is recommended for neuropathic pain. Guidelines recommend the use of topical salicylates for osteoarthritis and tendinitis, particularly at the knee or other joints, for short term use of 4 to 12 weeks. Guideline criteria have not been met. Guidelines do not support the use of capsaicin in a 0.0325% formulation and do not recommend Lidocaine in an ointment form for neuropathic pain. Lacking guideline support for all of the compound components, this request is not medically necessary.

**Podiatry Consult Right Ankle:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have been met. This patient presents with persistent right ankle pain and difficulty with prolonged weight bearing activities three years status post injury. X-rays suggest a possible fracture deformity. Comprehensive conservative treatment has failed to provide sustained relief. The requesting physician is a spine surgeon. A podiatry referral is reasonable. Therefore, this request is medically necessary.

**MRI Cervical Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

**Decision rationale:** The California MTUS guidelines provide criteria for ordering cervical spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Guideline criteria have been met. There is clinical exam and radiographic evidence suggestive of tissue insult and neurologic dysfunction. The neurologic

examination is positive for signs of nerve root compression. Conservative treatment has failed to provide sustained benefit. Therefore, this request is medically necessary.

**MRI Lumbar Spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 52-53.

**Decision rationale:** The ACOEM Revised Low Back Disorder guidelines recommend MRI as an option for evaluation of patients with subacute or chronic radicular pain syndromes lasting at least 4 to 6 weeks in whom the symptoms are not trending towards improvement if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. MRI is also reasonable when epidural steroid injection may be considered as an option for relief of acute or subacute radiculopathy. Guideline criteria have been met. This patient presents with low back and radicular lower extremity pain with clinical exam findings suggestive of nerve root compression. There is radiographic evidence of disc pathology. Conservative treatment has failed to provide sustained benefit. Therefore, this request is medically necessary.

**Med Panel:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The California MTUS recommend the use of non-steroidal anti-inflammatory drugs (NSAIDs) with precaution relative to the hypertension and renal function. The current request for a med panel to assess hepatic and renal function does not identify the specific laboratory testing being recommended for this purpose. As such, the medical necessity cannot be established. Therefore, this request is not medically necessary.

**General Orthopedic Consult:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations , pg 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

**Decision rationale:** The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Guideline criteria have been met. The general orthopedic consult was requested relative to the right wrist and knee complaints. Records document complaints of moderate to severe right wrist and knee pain. Right knee x-rays revealed mild degenerative arthrosis medial femorotibial joint and degenerative enthesophyte superior aspect of the patella. There is no evidence of conservative treatment. The referring physician is a spine surgeon, a general orthopedic referral is reasonable. Therefore, this request is medically necessary.