

<b>Case Number:</b>	CM14-0159626		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 47 year old male with an injury date of 06/28/14. Per the 08/18/14 report by [REDACTED], the patient presents with moderate to severe lower back pain. When pain is severe it radiates into the left lower extremity and there is constant, sharp pain in the left glute with cramping sensations. The patient has a limping or distorted gait and is working with restrictions. Examination reveals tenderness along the lumbar paravertebral muscles and left sacroiliac joint and spasm along the left lower quadratus lumborum muscles and left gluteus. Straight leg raise is positive on the left. The patient's diagnosis is lumbar spine sprain/strain with left lower extremity radiculopathy symptoms. The utilization review being challenged is dated 09/11/14. Reports were provided for 08/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment three times a week for four weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation and Manual Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & manipulation Page(s): 57 58.

**Decision rationale:** The patient presents with moderate to severe lower back radiating to the left lower extremity when severe along with constant sharp pain in the left gluteus with cramping sensations. The treater requests for Chiropractic treatment three times a week for four weeks (12 sessions). MTUS pages 58, 57 Manual Therapy & manipulation state treatment is recommended for chronic pain. For the lower back it is recommended as an option for therapeutic care for a trial of 6 visits over 2 weeks with evidence of objective improvement for a total of up to 18 visits over 6-8 weeks. The treater states treatment is to be to the lumbar spine. In this case, it appears the treater is requesting for the first course of treatment following the patient's injury on 06/28/14. The treater's first report of 08/18/14 is the same date as the request for authorization of treatment. No discussion of prior chiropractic therapy or copies of treatment reports were provided. There is no documentation that functional improvement in the patient has occurred or that the patient has undertaken a trial of 6 visits. Furthermore, the requested 12 visits exceed what is allowed for a trial. The request is not medically necessary.

**X-rays to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic, Radiography (x-rays),

**Decision rationale:** The patient presents with moderate to severe lower back radiating to the left lower extremity when severe along with constant sharp pain in the left gluteus with cramping sensations. The treater requests for X-Ray to the lumbar spine. ODG guidelines Radiography (x-rays) Topic, state that routine x-rays are not recommended in the absence of red flags. Indications for imaging -- Plain X-rays: - Thoracic spine trauma: severe trauma, pain, no neurological deficit; - Thoracic spine trauma: with neurological deficit; Lumbar spine trauma (a serious bodily injury): pain, tenderness; - Lumbar spine trauma: trauma, neurological deficit; - Lumbar spine trauma: seat belt (chance) fracture; - Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; - Uncomplicated low back pain, suspicion of cancer, infection; - Myelopathy (neurological deficit related to the spinal cord), traumatic; - Myelopathy, painful; - Myelopathy, sudden onset; - Myelopathy, infectious disease patient; - Myelopathy, oncology patient; - Post-surgery: evaluate status of fusion. In this case the treater states on 08/18/14 that the patient developed lower back pain as the result of repetitive job duties. As the reports provided do not document lumbar spine trauma, neurological defect; lumbar spine fracture or uncomplicated low back pain trauma, steroids or osteoporosis over 70 as required for imaging. The request is not medically necessary.

**Naproxen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for chronic low back pain Page(s): 22.

**Decision rationale:** The patient presents with moderate to severe lower back radiating to the left lower extremity when severe along with constant sharp pain in the left gluteus with cramping sensations. The treater requests for: Naproxen (an NSAID). The reports provided state that NSAID are among the most effective medication for musculoskeletal problems. MTUS page 22 does support oral NSAIDs for chronic low back pain. Given that this patient suffers from CLBP, and stated benefit from the use of this medication. The request is medically necessary.

**Cycloketolido:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topical creams Page(s): 111-112.

**Decision rationale:** The patient presents with moderate to severe lower back radiating to the left lower extremity when severe along with constant sharp pain in the left gluteus with cramping sensations. The treater requests for: Cycloketolido. It is presumed that this request is for a Cyclobenzaprine, Ketoprofen, and Lidocaine compound cream. MTUS Topical Analgesics Pages 111-112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary.

**Toprophan:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://enovachem.us.com/portfolio/toprophan/>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [ttp://enovachem.us.com/portfolio/toprophan/](http://enovachem.us.com/portfolio/toprophan/)

**Decision rationale:** The patient presents with moderate to severe lower back radiating to the left lower extremity when severe along with constant sharp pain in the left gluteus with cramping sensations. The treater requests for: Toprophan. MTUS and ODG are silent on this medication and medical nutritional supplements. Online research shows it is a Medical Nutritional supplement. [ttp://enovachem.us.com/portfolio/toprophan/](http://enovachem.us.com/portfolio/toprophan/)The treater does not discuss this medication. Lacking documentation of efficacy and use, it is difficult to evaluate the treater's request. MTUS page 8 requires the physician to monitor the patient's progress and make appropriate recommendations. The request is not medically necessary.

**Functional Capacity Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7 page 137

**Decision rationale:** The patient presents with moderate to severe lower back radiating to the left lower extremity when severe along with constant sharp pain in the left gluteus with cramping sensations. The treater requests for: a Functional capacity evaluation. ACOEM Guidelines Chapter 7 page 137 states, "The examiner is responsible for determining whether the impairment results in functional limitations... The employer or claim administrator may request functional ability evaluations... These assessments also may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial...There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace."In this case, the treater does not discuss why the FCE is crucial, and the reports provided do not show it is requested by the employer or the claims administrator. The FCE does not predict the patient's actual capacity to perform in the workplace. Recommendation is for denial.Rationale: Duricef (cefadroxil) 500 mg #28The patient presents with left shoulder pain, numbness and tingling in the bilateral hands and triggering of the left thumb, middle and ring fingers. The Treater requests for Duricef (cefadroxil) 500 mg #28. ODG guidelines state that Duricef is recommended as first-line treatment for skin and soft tissue infections. In this case the treater does not discuss the intended use or efficacy of the medication in the reports provided, and there is no diagnosis or discussion of skin or soft tissue infection. This antibiotic may have been prescribed for post-operative use following shoulder surgery. Per the National Guideline Clearinghouse, antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedure arthroscopy. The request is not medically necessary.

**IF Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105.

**Decision rationale:** This patient presents with back pain radiating to right foot, and shoulder/elbow/hand pain. The treater has asked for menthoderm (methyl salicylate 15% menthol 10%) gel 360 gm on 7/1/14. It is not known if patient has been using menthoderm, but 1/30/14 report mentions patient is taking a "topical cream." Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic

pain. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. This patient does present with elbow/hand pains but the treater does not document that this topical is helping this patient in terms of pain and function. MTUS page 60 requires documentation of pain and function when medicaitons are used for chronic pain. The request is not medically necessary.