

Case Number:	CM14-0174038		
Date Assigned:	10/31/2014	Date of Injury:	01/20/2004
Decision Date:	12/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 53-year-old male who reported an injury on 01/20/2004 when, while descending stairs and pushing a cart full of bread, he lost his balance, and in order to prevent the fall, he grabbed the cart with full strength. He immediately felt a sharp pain and a pulling sensation in his lower back and left knee. His diagnosis low back pain, s/p lumbar spine surgery, lumbar disc displacement, lumbar disc degeneration, lumbar radiculopathy, s/p left knee repair, sprain of lateral collateral ligament of left knee, tear of medial meniscus, left knee, synovitis and tenosynovitis, left lower leg, varicose veins left leg. Past treatments were medications. Diagnostic studies were an MRI of the lumbar spine and left knee. At the L2-L3 was a disc herniation that caused stenosis of the spinal and the bilateral neural foramen and L4-L5 had bilateral lateral recess with contact on the left L5 transiting nerve root. MRI of left knee revealed posterior horn of the medial meniscus which extends to the inferior articular surface consistent with tear. The physical examination dated 10/10/2014 revealed that the injured worker was status post lumbar spine surgery with residual pain. The injured worker rated the pain as a 6/10 to 7/10 on a pain analog scale. The pain was described as frequent to constant. There was associated numbness and tingling of the left lower extremity. The patient was status post left knee surgery with residual pain. The pain was rated a 7/10. The pain was described as frequent to constant. The injured worker stated that the symptoms persisted but the medications offered temporary relief of pain and helped to improve ability to have a restful sleep. The injured worker denied any problems with the medications. The examination of the lumbar spine revealed a +2 tenderness to palpation with muscle spasms at the bilateral lumbar paraspinal muscles and at the sacroluberous ligaments. Range of motion for the lumbar spine noted flexion was to 25 degrees, extension was to 15 degrees, left lateral flexion was to 10 degrees, and right lateral flexion was to 10 degrees. The straight leg raise on the right was positive at 25 degrees and negative on the

left. The sitting root test was positive on the right and positive on the left. The examination of the left knee revealed tenderness to palpation over the medial and lateral joint line and at the patellofemoral joint. Range of motion for the left knee noted flexion was to 105 degrees and extension was -10 degrees. McMurray's and Lachman's were positive on the left lower extremity. The sensory examination revealed slightly decreased sensation to sharp touch at the L4 and L5 dermatomes bilaterally. Motor strength was 4/5 in all the represented muscle groups in the bilateral lower extremity. Reflexes were 2+ and symmetrical in the bilateral lower extremities. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging {MRI}) for neural or other soft tissue, computed tomography {CT} for bony structures). The injured worker had an MRI dated 09/13/2014. There was no rationale documented detailing a clear indication for why the injured worker needed another MRI of the lumbar spine. There were no other significant factors provided to justify the decision for an MRI of the lumbar spine. Therefore, this request is not medically necessary.

MRI of the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343.

Decision rationale: The California ACOEM states special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology in its most recent appropriateness criteria lists the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: patient is able to walk without a limp; patient had a twisting injury and there is no effusion. The clinical parameters for ordering knee radiographs following trauma in this population are: joint effusion within 24 hours of direct blow or fall; palpable tenderness over fibular head or patella; inability to walk (4 steps) or bear weight immediately or within a week of the trauma; and inability to flex knee to 90 degrees. Most knee problems improve quickly once any red flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the non-acute stage based on history and physical examination, these injuries are commonly missed or over diagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. The injured worker had an MRI of the left knee on 09/13/2014. There was no rationale submitted detailing a clear indication for why the injured worker needed another MRI of the left knee. There were no significant factors provided to justify an MRI of the left knee. Therefore, this request is not medically necessary.

Terocin Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates; Topical Analgesics; Lidocaine Page(s): 105; 111; 112.

Decision rationale: The decision for Terocin patches is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per DailyMed.nlm.nih.gov, Terocin patches are topical lidocaine and menthol. Lidocaine is indicated only after failure of tricyclic, SNRI antidepressant or an AED medication. The injured worker was not diagnosed with peripheral pain.

Furthermore, the request does not indicate a frequency for the medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.

Deprizine 15mg/ml oral suspension 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to Drugs.com, this medication is a compound of ranitidine hydrochloride oral suspension. The instructions describe how to prepare 250 ml of a compounded oral suspension containing 16.8 mg/ml ranitidine hydrochloride. The California Medical Treatment Utilization Schedule recommends clinicians to determine if the patient is at risk for gastrointestinal events, which include an age greater than 65 years; a history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or using high dose/multiple NSAIDs. The guidelines recommend for patients with no risk factors and no cardiovascular disease a nonselective NSAID is okay, such as ibuprofen or naproxen. For patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor, such as omeprazole or misoprostol or a Cox 2 selective agent. Long term proton pump inhibitor use (over 1 year) has been shown to increase the risk of hip fracture. For patients at high risk for gastrointestinal events with no cardiovascular disease, a Cox 2 selective agent plus a proton pump inhibitor if absolutely necessary. It was not reported that the injured worker was at risk for any type of gastrointestinal event. It was not reported that the injured worker was on any type of oral NSAID therapy. Also, it was not indicated why the injured worker was taking a suspension medication. This medication is available in a pill form. Furthermore, this request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Dicopanol 5mg/ml oral suspension 150ml: 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) Pain, Insomnia Treatment

Decision rationale: According to Drugs.com, this medication contains an active ingredient of diphenhydramine hydrochloride oral suspension. This medication is equivalent to Benadryl, which can be purchased over the counter. This medication is often used for the treatment of insomnia. The Official Disability Guidelines state over the counter medications such as sedating antihistamines have been suggested for sleep aids (for example, diphenhydramine). Tolerance seems to develop within a few days. Next day sedation has been noted as well as impaired psychomotor and cognitive function. Side effects include urinary retention, blurred vision,

orthostatic hypotension, dizziness, palpitations, increased liver enzymes, drowsiness, grogginess, and tiredness. It was not reported that the injured worker was suffering from insomnia. It was reported in the clinical note that the patient stated that the symptoms persisted but the medications did offer him temporary relief and improve his ability to have a restful sleep. It was not reported why the injured worker was on an oral suspension medication instead of a pill form medication. Also, this medication can be purchased over the counter. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Fanatrex 25mg/ml oral suspension 420ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin Page(s): 16.

Decision rationale: According to Drugs.com, Fanatrex is an oral suspension of gabapentin. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. It was not reported why the injured worker is on an oral suspension of gabapentin. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Synapryn 10mg/1ml oral suspension 500ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Ongoing Management Page(s): 82,93,-94, 113; 78.

Decision rationale: According to Drugs.com, this medication is a suspension of tramadol. The California Medical Treatment Utilization Schedule Guidelines state central analgesic drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 as for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). It was not reported why the injured worker was taking an oral suspension of tramadol. This medication does come in a pill form. The medical guidelines state that there should be documentation of the 4 as for ongoing monitoring. The 4 as for ongoing monitoring were not reported. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Tabradol 1mg/ml oral suspension 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64. Decision based on Non-MTUS Citation Drugs.com: <http://www.drugs.com/cons/fusepaq-tabradol.html>

Decision rationale: According to Drugs.com, this medication is an oral suspension of cyclobenzaprine. The California Medical Treatment Utilization Schedule Guidelines state that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. It was not reported why the injured worker was taking an oral suspension of cyclobenzaprine (Flexeril). The clinical documentation submitted for review had a Request for Authorization dated 02/07/2014 requesting Tabradol 1 mg/ml oral suspension 250 ml. The clinical documentation provided evidence that the injured worker has been on this medication for an extended duration of time. Continued use of this medication would not be supported. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Cyclobenzaprine 5% cream 100gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Cyclobenzaprine Page(s): 111; 41.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. The medical guidelines do not support the use of muscle relaxants as a topical compounded analgesic. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Ketoprofen cream 20% 165gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Ketoprofen Page(s): 111-13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed (guidelines state: "...efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended.") Ketoprofen is not currently FDA approved for a topical application. Furthermore, the request does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

Consultation with a pain management specialist regarding epidural steroid injection for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Chronic Pain Treatment Guidelines.

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) Chapter 6, page 163

Decision rationale: The decision for a consultation with a pain management specialist regarding epidural steroid injection for the lumbar spine is not medically necessary. The California ACOEM states that a consultation is intended to aid in assessing in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale to support the consultation. Furthermore, conservative care modalities were not reported (such as physical therapy, acupuncture, chiropractic treatments, or a home exercise program). The clinical documentation submitted for review does not provide evidence to justify a consultation with a pain management specialist regarding epidural steroid injection for the lumbar spine. Therefore, this request is not medically necessary.

Consultation with an orthopedic surgeon regarding the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345, Chronic Pain Treatment Guidelines.

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) Chapter 6, page 163

Decision rationale: The decision for a consultation with an orthopedic surgeon regarding the left knee is not medically necessary. The California ACOEM states that a consultation is intended to aid in assessing in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. There was no clear rationale detailing a clear indication for why the injured worker needed a consultation with an orthopedic surgeon. Therefore, this request is not medically necessary.

EMG/NCV study of the bilateral lower extremities: 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 California ACOEM states electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. Discography is not recommended for assessing patients with acute low back symptoms. The Official Disability Guidelines state that nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. The systematic review and meta-analysis demonstrated that neurological testing procedures have limited overall diagnostic accuracy in detecting disc herniation with suspected radiculopathy. Conservative care for the injured worker was not reported, such as physical therapy, acupuncture, chiropractic treatments, and a home exercise program. There were no other significant factors provided to justify the decision for an EMG/NCV study of the bilateral lower extremities. Therefore, this request is not medically necessary.