

<b>Case Number:</b>	CM14-0180993		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/01/2013
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 56 year old female with an injury date on 03/01/2013. Based on the 09/02/2012 progress report provided by [REDACTED] the diagnoses are lumbar radiculitis, mechanical low back pain, herniated lumbar disc, chronic pain syndrome, prescription narcotic dependence, myofascial syndrome, chronic pain related insomnia, neuropathic, sacroiliac joint dysfunction/Sacroiliitis and sprain and strain of the bilateral hips. According to this report, the patient complains of low back pain that is constant aching, spastic, stiff pressure, throbbing, stabbing, and sharp in nature. Pain radiates to the bilateral legs, down the back side to the thigh that is rated as a 9/10 on the pain scale. The patient also complains of bilateral hip pain that is constant aching, stabbing, and sharp in nature. Pain is rated as an 8/10. Physical exam reveals moderate to severe point tenderness over the L5spinous process and over the pelvic brim bilaterally. Trigger point is noted at S1 spinal level on the right. Lumbar range of motion is limited. Straight leg raise test, Patrick's, Pelvic compression test, and Gaenslen's test are positive. Deep tendon reflexes of the right patella and ankle is a 3+ (a very brisk response; may or may not be normal. There were no other significant findings noted on this report. The utilization review denied the request on 10/01/2014. [REDACTED] is the requesting provider and he provided treatment reports from 03/11/2014 to 09/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Saliva DNA testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Chapter on Chronic Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter on: Genetic testing for potential opioid abuse

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting Saliva DNA testing "to assess the patient's predisposition, if any, to prescription narcotic addiction/dependence." Regarding DNA testing, MTUS/ACOEM does not discuss genetic testing; however ODG states "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Given the lack of support from ODG guidelines, recommendation is for denial.

**MRI Lumbar-positional with flexion, supine and extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-4. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 chapter for standing MRI

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting MRI Lumbar-positional with flexion, supine and extension. Regarding standing MRI, ODG guidelines state "Not recommended over conventional MRIs. See MRI's. Under study for patients with equivocal findings on conventional MRI, for example, they may be valuable in situations where symptomatic radiculopathy is present without any abnormalities demonstrated on conventional MRI." ODG further states "There is a lack of evidence in the published peer-reviewed scientific literature validating the accuracy, relevance or value of dynamic, standing or positional MRI in the diagnosis and treatment of patients with neck or back pain." Given the lack of support from ODG guidelines, recommendation is for denial.

**MRI right pelvic/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 (ODG)

**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 pelvic chapter for MRI

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting MRI right pelvic/hip. Regarding MRI study, ODG states, "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." They are indicated for osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries and tumors. In this patient, while the physician indicates "bilateral hip" pain, precise location of pain is not in the groin to suspect hip pathology. No discussion is provided to suspect problems of the hip joints. No x-rays reports are provided for the hip joints. Given the lack of any suspicion of the listed diagnosis on ODG guidelines to warrant an MRI, recommendation is for denial. In this patient, while the treater indicates "bilateral hip" pain, precise location of pain is not in the groin to suspect hip pathology. No discussion is provided to suspect problems of the hip joints. No x-rays reports are provided for the hip joints. Given the lack of any suspicion of the listed diagnosis on ODG guidelines to warrant an MRI, recommendation is for denial.

**MRI left pelvic/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 (ODG)

**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 pelvic chapter for MRI

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting MRI left pelvic/hip. Regarding MRI study, ODG states, "Recommended as indicated below. MRI is the most accepted form of imaging for finding avascular necrosis of the hip and osteonecrosis. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." They are indicated for osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries and tumors. In this patient, while the physician indicates "bilateral hip" pain, precise location of pain is not in the groin to suspect hip pathology. No discussion is provided to suspect problems of the hip joints. No x-rays reports are provided for the hip joints. Given the lack of any suspicion of the listed diagnosis on ODG guidelines to warrant an MRI, recommendation is for denial. In this patient, while the treater indicates "bilateral hip" pain, precise location of pain is not in the groin to suspect hip pathology. No discussion is provided to suspect problems of the hip joints. No x-rays reports are provided for the hip joints. Given the lack of any suspicion of the listed diagnosis on ODG guidelines to warrant an MRI, recommendation is for denial.

## **Percura #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and US National Institute of Health (NIH) National Library of Medicine (NLM) PubMed, 2010

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter for Percura

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting Percura #120. Regarding Percura, ODG guidelines states "Not recommended. Percura is a medical food from Physician Therapeutics that is a proprietary blend of gamma-aminobutyric acid, choline bitartrate, L-arginine, L-serine, and other ingredients. It is intended for dietary management of metabolic processes associated with pain, inflammation and loss of sensation due to peripheral neuropathy. See Medical food, Gamma-aminobutyric acid (GABA), where it says, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; Choline, where it says, "There is no known medical need for choline supplementation"; L-Arginine, where it says, "This medication is not indicated in current references for pain or inflammation"; & L-Serine, where it says, "There is no indication for the use of this product." ." In this case, choline, L-arginine, L-serine and GABA, an ingredient in Percura is not supported by ODG guidelines. Therefore, recommendation is for denial.

## **Gabadone #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and US National Institute of Health (NIH) National Library of Medicine (NLM) PubMed, 2010

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG guidelines states "Not recommended. GABAdone

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting Gabadone #60. Regarding Gabadone, ODG guidelines states "Not recommended. Gabadone is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of Choline Bitartrate, Glutamic Acid, 5-Hydroxytryptophan, and GABA. It is intended to meet the nutritional requirements for inducing sleep, promoting restorative sleep and reducing snoring in patients who are experiencing anxiety related to sleep disorders. (Shell, 2009) See Medical food, Choline, Glutamic Acid, 5-hydroxytryptophan, and Gamma-aminobutyric acid (GABA)." ODG further states, "There is no high quality peer-reviewed literature that suggests that GABA is indicated"; for Choline, "There is no known medical need for choline supplementation." In this case, choline and GABA, an ingredient in Gabadone is not supported by ODG guidelines. Therefore, recommendation is for denial.

**Prednisone 10mg #45: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pg. 16

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter for Oral corticosteroids

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting Prednisone 10mg #45. Regarding Oral corticosteroids, ODG states "Not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. (See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. "In this case, the patient does not present with an "acute radicular pain" to warrants the use of this medication; therefore, recommendation is for denial.

**Fluriflex Compounded Ointment 240grams: 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 Topical Cream Page(s): 111-113.

**Decision rationale:** According to the 09/02/2012 report by [REDACTED] this patient presents with constant achy low back pain and bilateral hip pain. The physician is requesting Fluriflex Compounded Ointment. Fluriflex is a compound of Flurbiprofen 15%/Cyclobenzaprine 10%. Regarding topical compound, MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS states cyclobenzaprine and other muscle relaxants are not recommended as a topical product. The muscle relaxant cyclobenzaprine component of the topical Fluriflex is not recommended, so the Fluriflex is not recommended. Recommendation is for denial.