

<b>Case Number:</b>	CM14-0037433		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/15/2000
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Texas. 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 72-year-old female who reported an injury on 08/15/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to the thoracic and lumbar spine. The injured worker was evaluated on 01/13/2014. It was documented that the injured worker's treatment history included multiple medications and 3 lumbar spine surgeries. Physical findings included tenderness to palpation of the lower lumbar region with a positive straight leg-raising test and decreased sensation to light touch in the bilateral lower extremities. The injured worker's diagnoses included history of lumbar spine surgery x3 and low back pain with radicular symptoms to the lower extremities. It was noted that a request to see a spine surgeon was made by the injured worker to evaluate if any further treatment could provide relief. Additionally, a request was made for Prevacid and Lyrica and TG Hot to assist with pain control. The injured worker was again evaluated on 04/24/2014. Objective findings included unassisted ambulation with no supportive device with restricted range of motion and a positive bilateral straight leg-raising test. It was noted that the injured worker had a history of gastritis from long-term medication usage that was responsive to the requested Prevacid medication. It was noted that this medication reduced her gastritis and dyspepsia symptoms. A request was made for a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine Surgery Consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The requested spine surgery consultation is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has already undergone three previous spinal surgeries. The American College of Occupational and Environmental Medicine recommend consideration for surgical intervention of the lumbar spine when there are severe disabling lower extremity symptoms that have failed to respond to conservative treatment are supported by an imaging study that identifies nerve root pathology. The clinical documentation submitted for review does indicate that the injured worker has ongoing pain complaints. However, a significant change in the injured worker's clinical presentation was not provided; therefore, additional intervention would not be supported. Therefore, the requested spine surgery consultation is not medically necessary or appropriate.

**Prevacid 30mg, #30 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.PDR.net](http://www.PDR.net).

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

**Decision rationale:** The requested Prevacid 30 mg #30 with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends gastrointestinal protectant for patients who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has gastritis related to medication usage that is responsive to the requested medication. Therefore, ongoing use of this medication would be supported. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, the requested Prevacid 30 mg #30 with 2 refills is not medically necessary or appropriate.

**TG Hot topical compounds, tramadol 8%, gabapentin 10%, mentol 2%, camphor 2%, capsaicin .05%, 120gm with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Effectiveness of topical administration of opioids in palliative care: a systematic review B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009 - Elsevier.

**Decision rationale:** The requested TG Hot topical compound is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 07/2013. However, California Medical Treatment Utilization Schedule does not support the use of gabapentin as a topical analgesic as there is little scientific evidence to support the long-term safety and efficacy of this medication in a topical formulation. Additionally, the requested medication contains capsaicin 0.5%. The California Medical Treatment Utilization Schedule does not support the use of capsaicin at this dosage as there is no documentation to support the use of increased dosages of capsaicin. Additionally, peer reviewed literature does not support the use of tramadol or other opioids in a topical formulation as there is little scientific evidence to support the efficacy and safety of this medication in that formulation. The California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not supported by guideline recommendations. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment or an appropriate body part. In the absence of this information, the appropriateness of the request itself cannot be determined. Therefore, the requested TG Hot topical compounds, tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, capsaicin .05% , 120 gm with 3 refills is not medically necessary or appropriate.