

<b>Case Number:</b>	CM14-0056231		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36 year old male with a work injury dated 6/5/02. The diagnoses include chronic pain syndrome, lumbar pain, lumbar disc pain, lumbar degenerative disc disease, and lumbar facet pain, lumbarradicular pain, lumbar post laminectomy pain syndrome, lumbar spine strain, numbness, myalgia and depression. Per documentation physical therapy, medications, six lumbar epidural steroid injections, acupuncture, surgical intervention, spinal cord stimulator and TENS use. Under consideration is a request for CT Scan Lumbar spine; Omeprazole 20mg #60; Lido-Capsaicin-Men-Methyl Sat(Terocin) 2 120 ML; Tramadol 50mg# 100; Cyclobenzaprine 7.5mg# 60; and 1 IM Injection of Toradol 60mg. There is a primary treating physician report dated 3/19/14 that states that the patient's first surgery was an L5-S1 hemilaminotomy performed in August of 2002. About a year later he had a partial discectomy at LS-51 and a full discectomy with hardware placement about a year after that. He had complications with the hardware coming loose and the hardware was taken out in 2005. He admits that he struggled with drug and alcohol abuse secondary to pain for about two years. He reports he is now clean and sober. He is sober off drugs for three years and sober off alcohol for five years. He feels that his spinal cord stimulator is bothersome. A prior QME indicates medical treatment should include that he needs his spinal cord stimulator addressed, either removed or readjusted. He was also recommending a follow up CT scan if his symptoms are worsening or if he is having any new complaints related to his last surgery, and perhaps some degree of progression. An 11/11/08 lumbar MRI indicated the conclusion is postoperative changes consistent with previous L5-S1 disc fusion. There is soft tissue density partially encasing the descending right S1 nerve root and the anterior right lateral recess at this level. This is most consistent with postoperative scar tissue. This can be confirmed clinically warranted with IV contrast. Otherwise, this is a negative lumbar MRI. There is no

evidence of fracture, subluxation, marrow signal abnormality, or spinal stenosis. There is no evidence of disc bulge or herniation. The patient underwent CT of the lumbar spine on July 4, 2007 and noted no acute findings. No evidence of acute injury. His back pain is described as a burning and stabbing pain in the lumbosacral area that is stabbing pain that is moving upwards towards his lower thoracic spine. He does have radicular pain, which is burning that radiates across the L5-S1 dermatome down to his knee, and then he has a constant ache in his calf. He does report bilateral foot numbness. His pain level without medications is 8/10 and with medication is a 7-8/10 in intensity. The pain is better with lying down, heat, ice, and ibuprofen. The pain is worse with sitting, walking, standing, bending, or any lifting. He denies any new symptoms or neurological changes. On exam there is lumbar scarring appreciated. The spinal cord stimulator was palpated without tenderness. He is diaphoretic during the examination. He has significant myofascial restrictions and muscle spasms in the lumbosacral area that radiate upwards towards the thoracic spine. Sciatic notches are painful to palpation bilaterally. Sacroiliac joints are tender to palpation bilaterally. Range of motion is fingertips to knees. Extension is 5 degrees with pain. Lateral flexion bilaterally is fingertips to mid thigh with pain. Rotation bilaterally is 20 degrees with pain. Strength bilaterally is 5-/5 with knee extension. Hip flexion is a 4+/5 and knee flexion is a 4+. Sensation is diminished on the right L5-S1 dermatome. Reflexes patellar on the right is 1+ and on the left is 2-. Achilles reflex is trace on the right and 1- on the left. He has a negative Babinski's sign. He has a positive Patrick's sign and Gaenslen's maneuver on the right. No atrophy is noted. Straight leg raising is positive bilaterally. There is trigger point tenderness at L4-5 and L5-S1. The treatment plan included a lumbar CT based on his worsening symptoms and declining physical examination, to determine any kind of internal derangement or cause for his increase in symptoms and make sure that his previous surgeries are stable. Based on his elevated pain level upon arriving, we gave him a Toradol injection 60 mg 1M. He was in the car for about two hours and having increased pain. He was given 60mg 1M of Toradol, which he tolerated well, without complications. The treatment plan included naproxen 550 mg 1 p.o. b.id. for pain and inflammation; Omeprazole 20 mg 1 p.o. daily for gastrointestinal protection with NSAIDs, Tramadol, Terocin ointment, cyclobenzaprine muscle spasms and myofascial restrictions. There is a 1/13/14 hospital emergency room instruction where the patient was seen for back pain. The document states that the patient will receive prescriptions for Robaxin 750 mg: Take 2 orally every 6 hours as needed for muscle spasm. Dispense thirty (30). No refills and Tramadol 50 mg: take 1 orally every 6 hours as need for pain. Dispense thirty (30). One refill. A 9/25/13 hospital document indicated that the patient was seen for chronic back pain (with acute muscle spasm right upper back, rhomboid area). He was given scripts for Robaxin 750 mg: Take 2 orally every 6 hours as needed for muscle spasm. Dispense thirty (30). No refills. Generic substitute OK.

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

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

**CT Scan Lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines : Low Back - Lumbar & Thoracic ( Acute & Chronic ).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation (ODG) Low back-CT (computed tomography).

**Decision rationale:** CT scan of the lumbar spine is not medically necessary per the MTUS and the ODG guidelines. The ACOEM MTUS guidelines state that a CT or MRI can be required if tumor, trauma or infection are suspected if plain radiographs are negative. The ODG guidelines states that a lumbar CT is indicated in trauma, seat belt fracture, traumatic or infectious myelopathy , if there is a pars defect suspected not seen on plain x-rays and to evaluate a successful fusion if plain x-rays do not confirm fusion. The documentation submitted does not indicate evidence of a new trauma, suspicion of infection or myelopathy. The physical exam findings and prior imaging studies have been relatively stable and the patient has chronic pain.. The request for a lumbar CT scan is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms & Cardiovascular risk.

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

**Decision rationale:** Omeprazole 20mg #60 is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including : (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The request for Omeprazole 20mg #60 is not medically necessary.

**Lido-Capsaicin-Men-Methyl Sat(Terocin) 2 120 ML:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical Analgesics, Capsaicin, Lidoderm (lidocaine patch) Page(s): 105, 111-113, 56-57.

**Decision rationale:** Lido-Capsaicin-Men-Methyl Sat(Terocin) 2 120 ML is not medically necessary per MTUS guidelines. According to the Chronic Pain Medical Treatment Guidelines there is little use to support the use of many of these agents.( Topical analgesics). The active ingredient in Terocin Lotion are :Methyl Salicylate 25%,Capsaicin 0.025%, Menthol 10% Lidocaine 2.50% .Terocin contains Lidocaine which per MTUS guidelines : "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).

This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Patient has no documentation that he meets criteria for topical lidocaine and therefore this is not medically necessary. Capsaicin is contained within Terocin and per MTUS :Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topicals are recommended by the MTUS and Terocin contains methyl salicylate .Menthol- The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay which has menthol in it and is medically used per MTUS for chronic pain.The documentation does not indicate that the patient is intolerable to oral medications. The patient does not meet the MTUS guidelines for Lidocaine. The patient does not reveal that he is intolerant to other treatments and therefore does not require Capsaicin.The guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lido-Capsaicin-Men-Methyl Sat(Terocin) 2 120 ML is not medically necessary.

**Tramadol 50mg# 100:** 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 Central acting analgesics, Chronic back pain Page(s): 75, 80. Decision based on Non-MTUS Citation (ODG) -Pain:Tramadol (Ultram®).

**Decision rationale:** Tramadol 50 mg #100 is not medically necessary per the MTUS and the ODG guidelines. The MTUS states that Tramadol is a centrally acting analgesic which exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. The 3/17/14 document states that the provider does not feel that opioids that are necessary at this time for the patient's chronic intractable pain. The document state that an opioid treatment agreement was reviewed and signed and a CURES report, which is consistent with what he is taking but did not do a urine toxicology screening because opioids are not being started. The documentation indicates that the patient reports the only relief that he had in the past was byexcessive amount of pain medications, which included OxyContin. The guidelines indicates that Tramadol exhibits opioid activity. Given the patient's prior history of drug/alcohol and excessive pain medication the request for Tramadol is not medically necessary. Furthermore the ODG states that Tramadol is not classified as a controlled substance by the DEA, but it is designated schedule IV drug in 13 states. Tramadol has unreliable analgesic activity and potential side effects such as serotonin syndrome. The documentation indicates that the patient was given Tramadol in the past and there is no evidence of increased function while on this medication. The request for Tramadol 50mg#100 is not medically necessary.

**Cyclobenzaprine 7.5mg# 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Flexeril) , Antispasmodics Page(s): 41-42, 6.

**Decision rationale:** Cyclobenzaprine 7.5mg# 60 is not medically necessary per MTUS guidelines. Per the MTUS Chronic Pain Medical Treatment Guidelines this medication is not recommended to be used for longer than 2-3 week period and is not recommended to be used chronically. The patient has received Cyclobenzaprine in the past and the documentation does not indicate evidence of functional improvementThe request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.

### **1 IM Injection of Toradol 60mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac(Toradol). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain ( Chronic ).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketorolac (Toradol, generic available) Page(s): 72. Decision based on Non-MTUS Citation (ODG) Pain-Toradol.

**Decision rationale:** The request for 1M injection of Toradol 60mg is not medically necessary per the MTUS and the ODG guidelines. The MTUS states that this medication is not indicated for minor or chronic painful conditions.The ODG states that the injection is recommended as an option to corticosteroid injections in the shoulder. The ODG also states that Toradol can be an alternative to opioid therapy. In this case the patient did not have a shoulder condition and this was not used as an alternative to opioid therapy. The guidelines do not discuss Toradol for low back pain. The patient has chronic low back pain. The request for 1M injection of Toradol 60mg is not medically necessary.