

<b>Case Number:</b>	CM14-0078873		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/27/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 54-year-old female who was injured on 7/27/2013. The diagnoses are lumbar radiculopathy and bilateral hips pain. The patient completed PT(physical therapy), aqua therapy, Braces and TENS (Transcutaneous electric nerve stimulation ) unit use. A past MRI of the lumbar spine showed multilevel facet arthropathy and retrolisthesis. [REDACTED] noted subjective report of 50% reduction in pain with increased ADL with the use of Ultracet. The patient was able to perform some house chores and ambulate with a front wheel walker. There were objective findings of positive straight leg raising test and sensory deficits along left C5 to C7 dermatomes. The patient is on anticoagulant following mitral valve replacement. Anticoagulation will be stopped during interventional pain procedures. The compliant measures were documented. Gabapentin was discontinued due to side effects. A Utilization Review determination was rendered on 4/28/2014 recommending non certification of outpatient MRI of the lumbar spine, L4-L5 lumbar epidural steroid injection with fluoroscopy. Ultracet 37.5/325mg #60 and Dendracin 120ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Pain.

**Decision rationale:** The CA MTUS and the ODG addressed the use of MRI in the evaluation of low back pain. MRI are utilized to evaluate neurologic dysfunction and deteriorating findings that cannot be fully explained by clinical and less invasive tests. The records indicate the patient had a prior MRI of the lumbar spine that showed underlying pathology. There are no documentation of subjective or objective deterioration of symptoms and signs. The Outpatient MRI lumbar spine is not medically necessary.

**Lumbar epidural steroid injection (L-ESI) L4-5 with fluroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Low Back Pain.

**Decision rationale:** The CA MTUS and the ODG addressed the use of epidural injections for the treatment of lumbar radiculopathic pain that is non-responsive to conservative management with medications and physical therapy. The records indicate that the patient is on full anticoagulant therapy for the treatment of status post mitral valve replacement. The patient reported a 50% reduction in pain scores with increase in ADL and ability to do household chores with the use of Ultracet. The dangers of withholding anticoagulant therapy for interventional pain procedure far outweighs the potential benefit from an epidural steroid injection. The criteria for the use of Lumbar Epidural Steroid Injection (L-ESI) L4-5 with Fluroscopy is not Medically necessary.

**Ultracet 37.5/325mg number sixty (60):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 CHRONIC PAIN TREATMENT GUIDELINESCA MTUS 2009 OPIOID RECOMMENDED GUIDELINES.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain that did not respond to standard NSAIDs, PT (physical therapy) and exercise. Opioids can be utilized for maintenance treatment when the patient have failed or cannot under further surgery, interventional treatments, behavioral modifications or other modalities of treatment. The records indicate that the patient have exhausted treatments with PT, aqua therapy and TENS use. The use of Gabapentin was discontinued due to intolerable side effects. The patient cannot undergo further surgery or interventional pain procedures because she needs to remain fully anticoagulated. Ultracet is associated with lee opioid addictive and

sedative properties than pure opioid analgesics. The criterion for maintenance treatment with Ultracet 37.5/325mg #60 is medically necessary.

**Dendracin , 120ml:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 CHRONIC PAIN TREATMENT GUIDELINES.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

**Decision rationale:** The CA MTUS addressed the use of Topical Analgesic preparations for the treatment of neuropathic pain and arthritis pain. Topical compound analgesic preparations can be utilized for patient who have failed or cannot tolerate treatment with first line medications such as NSAIDs, anticonvulsants and antidepressants. The records indicate that the patient have failed treatment with Gabapentin due to intolerable side effects. The request for Cymbalta had not been approved. The patient cannot tolerate or have exhausted all non medication and surgical options. The criteria for the use of Topical Dendracin 120ml is medically necessary.