

<b>Case Number:</b>	CM14-0096102		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/16/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 has a subspecialty in Orthopedic Sports Medicine 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 58-year-old male who reported an injury of his low back on 10/26/13 when he tripped and lost his balance. The clinical note dated 11/08/13 indicates there was no fall after the trip; however, the injured worker reported a tightening in the low back as well as significant pain. The injured worker presented to the emergency room where a computed tomography and (MRI) magnetic resonance imaging were completed which revealed essentially normal findings. The note indicates the injured worker having subsequently been diagnosed with right sided foot drop. The injured worker rated the low back pain as 7-8/10 with radiation of pain, numbness, tingling, and weakness in the right lower extremity all the way to the foot. The note indicates the injured worker's foot dragging. The injured worker reported an increase in pain each night. There was also an indication the injured worker has complaints of neck pain with a burning sensation in the right upper extremity. The note indicates the injured worker utilizing Motrin for pain relief. There is an indication the Motrin was helping to decrease the pain levels. Upon exam, the injured worker was able to demonstrate 20 degrees of lumbar flexion, 10 degrees of extension, and 10 degrees of bilateral lateral bending. Decreased sensation was identified in the right L5 and S1 dermatomes. The injured worker was able to demonstrate 4/5 in the right side evertors. However, 2/5 strength was identified at the tibialis anterior and extensor hallucis longus. The clinical note dated 12/09/13 indicates the injured worker rating the ongoing neck and low back pain as 7-8/10. The clinical note dated 05/13/14 indicates the injured worker having completed 15 chiropractic manipulation sessions to date. The injured worker did report some benefit to the treatment. The note also indicates the injured worker utilizing Norco for pain relief. The injured worker reported a 40% reduction in pain with the use of Norco. The clinical note dated 02/06/14 indicates the injured worker continuing with significant weakness in the right lower extremity. The note indicates the injured worker having undergone an L4-5 and L5-S1 epidural steroid injection. The note also indicates the injured worker continuing with the use of Norco for pain relief. The clinical note dated 12/23/13 indicates the injured worker having undergone a (MRI) magnetic resonance image of the lumbar spine on

10/18/13 which revealed bilateral neuroforaminal narrowing and nerve compression at the L3-4, L4-5, and L5-S1 levels. The injured worker also underwent electrodiagnostic studies on 12/04/13 which revealed evidence of an L4-5 radiculopathy. The utilization review dated 06/04/14 resulted in a partial approval for a decompression at the lumbar region. The injured worker was approved for a right sided L3-4 decompression with the use of hydrocodone in the postoperative setting as well as a modified request for Colace tablets. The operative report dated 06/26/14 indicates the injured worker undergoing a right sided laminectomy at L3, L4, and L5.

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

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

**Microlumbar decompression surgery, right L3-4, L4-5:** Overturned

**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 Page(s): 305-7.

**Decision rationale:** The documentation indicates the injured worker complaining of ongoing low back pain with associated strength deficits in the right lower extremity. A decompression in the lumbar region is indicated for injured workers who have significant symptoms of radiculopathy following a full course of conservative therapy as well as imaging studies confirming the injured worker's neurocompressive findings. The injured worker has significant complaints of foot drop with 2/5 strength at the right extensor hallucis longus. Given the safety issues associated with foot drop and taking into account the objective findings confirming the injured worker's significant strength deficits throughout the right lower extremity as well as the sensation deficits identified in the right foot, the request is indicated. Several clinical notes indicate the injured worker having undergone a (MRI) magnetic resonance image revealing minimal findings at the L3-4 and L4-5 level. Additionally, the injured worker has undergone 15 chiropractic therapy sessions to date. Given these findings, the request is medically necessary.

**LidoPro topical, 4 oz:** Upheld

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

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use therefore, this compound is not medically necessary.

**Docuprene:** Overturned

**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 Other Medical Treatment Guideline or Medical Evidence:1.)Dharmananda, Subhuti. "SAFETY ISSUES AFFECTING HERBS: How long can Stimulant Laxatives be Used?" Institute for Traditional Medicine. Retrieved 2010-03- 19.2.)Springer Healthcare News. February 2013, 1:1933. Date: 28 Feb 2013.

**Decision rationale:** Given the need for post-operative use of opioid therapy, the use of a stool softener is indicated in order to avoid symptoms associated with constipation which is a frequent side effect of opioid use therefore, this request is medically necessary.



