

<b>Case Number:</b>	CM14-0189711		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Internal Medicine, 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 injured worker (IW) is a 53-year-old man with a date of injury of February 1, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnosis is lumbar spondylosis. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated November 17, 2014, the IW complains of continued pain and stiffness in the lumbar spine. Pain is worse with sitting and driving. He has cramping in the right lower extremity, which extends from the right gluteal area. He has numbness and tingling in the right lower extremity. Pain is rated 7/10. He reports medication help to reduce his symptoms by 85%. Examination of the lumbar spine reveals tenderness to palpation over the paravertebral musculature with spasm on the right. Flexion shows 18 degrees lacking from fingertips to the floor. Extension is 10 degrees. Straight leg test produces pain in the lumbar spine bilaterally, right greater than left. Current medications include Norco 7.5/325mg, Soma 350mg, and topical creams. The IW has been taking Norco and Soma since August 27, 2014, according to a progress note with the same date. The documentation stated, "continue" Norco and Soma. This was likely a refill. The start date is unclear due to lack of documentation. There were no detailed pain assessments or evidence of objective function improvement associated with the use of Norco and Soma. The IW has been using topical creams since September 5, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the use of topical creams. There is a urine drug screen (UDS) in the medical record dated October 15, 2014 the showed inconsistent results. The UDS was positive for Hydromorphone, which the IW was not prescribed. There was no further discussion or documentation by the treating physician regarding the inconsistent results. There was no documentation regarding past physical therapy (PT) to the lumbar spine in the medical record. There were no PT notes in the medical record. According to the PR-2 dated November 17, 2014, the provider indicates the IW

had an MRI of the lumbar spine "several years ago". The provider did not document the findings of the prior MRI. There were no prior MRI studies in the medical record. The treating physician reports that the IW needs a repeat MRI of the lumbar spine to determine the pathology of his increased back pain, and to plan further treatment. The current request is for Norco 7.5/325mg #60, Soma 350mg #60, Flurbiprofen topical cream 30 grams, Flurbiprofen topical cream 120 grams, physical therapy to the lumbar spine (16 sessions), MRI of the lumbar spine, and a urine toxicology drug screen.

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

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

#### **60 Norco 7.5/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5/325mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnosis is lumbar spondylosis. The documentation shows Norco was prescribed in a progress note dated August 27, 2014. The documentation indicated to "continue" Norco. This was likely a refill. The start date is unclear in the documentation. The documentation does not contain objective evidence of functional improvement over the subsequent months while on the Norco. Consequently, after the appropriate clinical documentation showing objective functional improvement along with the clinical rationale to support the ongoing use, Norco 7.5/325 mg #60 is not medically necessary.

#### **60 Soma 350mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350 mg #60 is not medically necessary. Muscle relaxants are

recommended as a short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbation in chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is lumbar spondylosis. The documentation shows Soma was prescribed in a progress note dated August 27, 2014. The documentation indicated to "continue" Soma. This was likely a refill. The documentation is unclear as to the exact start date/duration of some. Additionally, the documentation does not contain objective functional improvement over the subsequent months while taking soma. Consequently, absent the appropriate clinical documentation showing objective functional improvement along with the clinical rationale to support the ongoing use of soma, Soma 350 mg #60 is not medically necessary.

**1 prescription of Flurbiprofen topical cream 30gm (72 hour supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen topical cream 30 g (72 hour supply) is not medically necessary. Topical analgesics are largely experimental and use few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen topical contains Flurbiprofen, Menthol, camphor, and capsaicin. Flurbiprofen is not FDA approved. Menthol is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnosis is lumbar spondylosis. Topical analgesics are indicated in the joints that lends itself to topical treatment (diclofenac gel). The injured worker's working diagnosis is lumbar spondylosis. But topical analgesic have not been evaluated for treatment of spine, hip or shoulder. Additionally, any compounded product that contains at least one drug (Flurbiprofen not FDA approved, Menthol is not recommended) that is not recommended is not recommended. Flurbiprofen topical cream is not recommended. Consequently, Flurbiprofen topical is not recommended and, as a result, Flurbiprofen topical cream 30 g (72 hour supply) is not medically necessary.

**1 prescription of Flurbiprofen topical cream 120gm (30 day supply): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

**Decision rationale:** Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen topical cream 120 g (30 day supply) is not medically necessary. Topical analgesics are largely experimental and use few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Flurbiprofen topical contains Flurbiprofen, Menthol, camphor, and capsaicin. Flurbiprofen is not FDA approved. Menthol is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured worker's working diagnosis is lumbar spondylosis. Topical analgesics are indicated in the joints that lends itself to topical treatment (diclofenac gel). The injured worker's working diagnosis is lumbar spondylosis. But topical analgesics have not been evaluated for treatment of spine, hip or shoulder. Additionally, any compounded product that contains at least one drug (Flurbiprofen not FDA approved, Menthol is not recommended) that is not recommended is not recommended. Flurbiprofen topical cream is not recommended. Consequently, Flurbiprofen topical is not recommended and, as a result, Flurbiprofen topical cream 120 g (30 day supply) is not medically necessary.

**16 physical therapy visits for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 16 physical therapy visits to the lumbar spine are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction, or negative direction (prior to continuing with physical therapy). The Official Disability Guidelines enumerate the frequency and duration of physical therapy according to the injuries sustained. In this case, the injured worker's working diagnosis is lumbar spondylosis. There is no indication the patient received prior physical therapy to the lumbar spine. There is no clinical documentation and there are no physical therapy notes. The guidelines recommend a six visit clinical trial followed by a formal assessment to see if the patient is moving in a positive direction, no direction or negative direction. Consequently, a six visit clinical trial is indicated with a formal evaluation and, as a result, 16 physical therapy visits to the lumbar spine are not medically necessary.

**1 MRI study of lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Lumbar & Thoracic (Acute & Chronic)

**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, MRI

**Decision rationale:** Pursuant to the Official Disability Guidelines, one MRI study of the lumbar spine is not medically necessary. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., Tumor, infection, fracture, neural compression, and recurrent disc herniation). The Official Disability Guidelines enumerate the indications for magnetic resonance imaging of the cervical spine. See the guidelines for indications. In this case, the injured worker's working diagnosis is lumbar spondylosis. The injured worker, according to the documentation, had an MRI several years ago of the lumbar spine. The treating physician indicates there is increased pain and a new study is required to determine pathology and plan for further treatment. The results of the prior MRI were not in the medical record nor were results in the medical record. The burden is on the treating physician to obtain the prior MRI, review it and make clinical determination as to whether the injured worker is having a significant change in symptoms and/or findings suggestive of significant pathology. The request was for a repeat MRI and repeat MRI is not routinely recommended. Consequently, absent the appropriate clinical indication for a repeat MRI lumbar spine, MRI lumbar spine (repeat) is not medically necessary.

**1 urine toxicology drug screening: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

**Decision rationale:** Pursuant to the Official Disability Guidelines, one urine toxicology drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnosis is lumbar spondylosis. A urine toxicology screen was born October 15, 2014. The results were inconsistent. Hydromorphone was present in the specimen. There is no subsequent documentation addressing the inconsistency. There was no documentation preceding the urine drug screen documenting a clinical indication or rationale for the urine drug screen. Consequently, absent the clinical indication and/or rationale forming urine drug screen, urine drug testing #1 is not medically necessary.