

Case Number:	CM14-0206105		
Date Assigned:	12/18/2014	Date of Injury:	05/22/2003
Decision Date:	02/09/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 52 year old male with an injury date of 05/22/03. Based on the 10/28/14 progress report provided by treating physician, the patient complains of neck pain rated 7/10 and low back pain rated 10/10, with numbness reported in his left lower extremity. Patient's gait is severely antalgic and wheel chair is used for ambulation. Physical examination revealed myospasm and tenderness to palpation to the bilateral cervical, thoracic and lumbar spines. Range of motion to the lumbar spine was decreased in all planes. Straight leg raise test was positive bilaterally. Per provider report dated 10/21/14, patient states "his medications allow him to do more vacuuming around his house, make his bed, and empty his garbage." Patient's medications include Flexeril, Naproxen, Prilosec, Gabapentin cream, and Norco. Per progress report dated 10/28/14, patient was previously on Norco and had a trial of Ultracet, however the "Ultracet will be discontinued" due to "throat swelling, shortness of breath, rash on his chest, an inability to feel his legs and an inability to sleep." Tramadol was prescribed in progress reports dated 09/04/14 and 10/21/14. Per progress report dated 09/04/14, Tramadol "caused rash." Gabapentin cream was prescribed in progress reports dated 10/21/14 and 10/28/14. Per provider report dated 10/28/14, UDS dated 04/22/14 was consistent with medications prescribed. Med Panel dated 04/22/14 showed normal renal and hepatic functions, with slightly elevated glucose. Per progress report dated 10/21/14, patient is attending acupuncture and reports some pain relief. Patient last worked on 05/22/03. Diagnosis 09/04/14- cervical herniated nucleus pulposus with moderate left neural foraminal narrowing C2-3 and moderate bilateral neural foraminal narrowing C4-5- Lumbar herniated nucleus pulposus L5-S1- Cervical and lumbar radiculopathy Diagnosis 10/21/14, 10/28/14- left wrist pain- Right shoulder pain- Cervical radiculopathy- Cervical herniated nucleus pulposus- Lumbar herniated nucleus pulposus

utilization review determination being challenged is dated 11/24/14. Treatment reports were provided from 02/20/13 - 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol/APAP 37.5/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; Opioids, Dosing; Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Tramadol/Acetaminophen (Ultracet)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids; Medication for Chronic Pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: The patient presents with neck pain rated 7/10 and low back pain rated 10/10, with numbness reported in his left lower extremity. The request is for 1 prescription of Tramadol/APAP 37.5/325mg #90 with 1 refill. Patient's diagnosis on 09/04/14 included cervical herniated nucleus pulposus with moderate left neural foraminal narrowing C2-3 and moderate bilateral neural foraminal narrowing C4-5; and lumbar herniated nucleus pulposus L5-S1. Patient's medications include Flexeril, Naproxen, Prilosec, Gabapentin cream, and Norco. Tramadol was prescribed in progress reports dated 09/04/14 and 10/21/14. Per progress report dated 09/04/14, Tramadol "caused rash." Per provider report dated 10/28/14, UDS dated 04/22/14 was consistent with medications prescribed. Med Panel dated 04/22/14 showed normal renal and hepatic functions, with slightly elevated glucose. Patient last worked on 05/22/03. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per provider report dated 10/21/14, patient states "his medications allow him to do more vacuuming around his house, make his bed, and empty his garbage." However, per progress report dated 10/28/14, patient was previously on Norco and had a trial of Ultracet. The "Ultracet will be discontinued" due to "throat swelling, shortness of breath, rash on his chest, an inability to feel his legs and an inability to sleep." Tramadol cannot be recommended due to adverse effect and allergic reaction. Furthermore, in addressing the 4A's, though UDS indicates patient compliance, provider has not provided discussions regarding aberrant behavior and analgesia. There is no return to work or change in work status documented either. Given the lack of documentation as required by MTUS and adverse effect from this medication, the request is not medically necessary.

1 medical panel: 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) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter; Preoperative testing, general: See Preoperative Electrocardiogram (ECG); & Preoperative Lab Testing

Decision rationale: The patient presents with neck pain rated 7/10 and low back pain rated 10/10, with numbness reported in his left lower extremity. The request is for 1 medical panel. Patient's diagnosis on 09/04/14 included cervical herniated nucleus pulposus with moderate left neural foraminal narrowing C2-3 and moderate bilateral neural foraminal narrowing C4-5; and lumbar herniated nucleus pulposus L5-S1. Patient's gait is severely antalgic and wheel chair is used for ambulation. Patient's medications include Flexeril, Naproxen, Prilosec, Gabapentin cream, and Norco. Per provider report dated 10/28/14, UDS dated 04/22/14 was consistent with medications prescribed. Patient last worked on 05/22/03. ODG-TWC, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter states: "Pre-operative testing, general: See Preoperative electrocardiogram (ECG); & Preoperative lab testing. Pre-operative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgeries who have additional risk factors. Patients undergoing low-risk surgery do not require electrocardiography. Per provider report dated 10/28/14, med panel dated 04/22/14 "showed normal renal and hepatic functions," with slightly elevated glucose. Provider has not discussed reason for the request, nor provided patient risk assessment. In review of medical records, there is no documentation that patient presents with high risk factors such as hypertension, diabetes, or kidney/liver disease. It appears provider is ordering medical panel as routine procedure. Therefore, the request is not medically necessary.

1 prescription of topical compound CMI-Gabapentin 10% with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Gabapentin, Topical.

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

Decision rationale: The patient presents with neck pain rated 7/10 and low back pain rated 10/10, with numbness reported in his left lower extremity. The request is for 1 prescription of topical compound CMI- Gabapentin 10% with 1 refill. Patient's diagnosis on 09/04/14 included cervical herniated nucleus pulposus with moderate left neural foraminal narrowing C2-3 and moderate bilateral neural foraminal narrowing C4-5; and lumbar herniated nucleus pulposus L5-S1. Patient's gait is severely antalgic and wheel chair is used for ambulation. Patient's medications include Flexeril, Naproxen, Prilosec, Gabapentin cream, and Norco. Gabapentin

cream was prescribed in progress reports dated 10/21/14 and 10/28/14. Patient last worked on 05/22/03. The MTUS has the following regarding topical creams (page 111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended." Provider has not provided reason for the request, nor indicated what body part would be treated. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, which is not supported for topical use in lotion form. Therefore, the request is not medically necessary.