

<b>Case Number:</b>	CM14-0034639		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/13/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Occupational Medicine, and is licensed to practice in Colorado. 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 worker is 27 years old and was injured on December 13, 2013 after lifting a heavy box. The worker developed low back pain, left leg pain, numbness and tingling to the left lower extremity, weakness in the left lateral thigh to the level of the calf. Physical examination findings included tenderness over the left back facet region and left gluteal musculature and , weakness in the left lower extremity. There were some sensory changes noted on examination. Medications including naproxen, omeprazole, tramadol, ILidoPro, Flexeril, and Medrol Dosepak have been used. The worker was referred for MRI scan of the lumbar spine due to radicular complaints. E-stim at home exercise program and chiropractic were recommended. Diagnoses include lumbar disc injury with radiculopathy, segmental dysfunction of the lumbar spine, chronic lumbosacral sprain/strain, post traumatic myofascial pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar spine MRI:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints Page(s): 303-304.

**Decision rationale:** There are no neurologic red flags documented. The medical records document chronic low back pain and left extremity symptomology including pain, numbness, and weakness. According to the MTUS the medical necessity criteria for MRI scan of the lumbar spine include the following: Unequivocal objective findings that identify specific nerve compromise on the neurologic examination; when the neurologic examination is less clear, further physiologic evidence of nerve dysfunction (e.g. Electromyography (EMG), including H-reflex tests) lasting more than three or four weeks should be obtained before ordering an imaging study; an imaging study may be appropriate for a patient whose limitations due to consistent symptoms have persisted for one month or more to further evaluate the possibility of potentially serious pathology, such as a tumor. In this case, the injured worker had persistent low back and lower extremity radiculopathic symptomatology for greater than one month and therefore, the request of her lumbar MRI scan is considered medically necessary.

**Omeprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS states that omeprazole is used for patients at intermediate risk for gastrointestinal events and no cardiovascular disease during NSAID use and that long-term omeprazole use (> 1 year) has been shown to increase the risk of hip fracture. Omeprazole is used for treatment of dyspepsia secondary to NSAID therapy and to treat symptomatic Gastroesophageal Reflux Disease. In this case, although the request for omeprazole was listed for gastrointestinal symptoms there are no documented symptoms of gastroesophageal reflux disease, gastritis, or dyspepsia secondary to NSAID therapy. In terms of prevention, the worker's risk profile appears to be low. According to the MTUS, those at risk for gastrointestinal events are as follows: (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). In this case, there are no documented symptoms of gastroesophageal reflux disease, gastritis, or dyspepsia secondary to NSAID therapy and the worker's risk profile appears to be low. Therefore, the request for a proton pump inhibitor medication is not medically necessary.

**Tramadol 50mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75, 77, 78, 80, 81, 82, 113.

**Decision rationale:** Tramadol is a centrally acting analgesic and is considered a fourth class opiate. For chronic back pain, the MTUS suggests that opioids appear to be efficacious for the

treatment of chronic pain but should be limited for short-term pain relief. According to the MTUS, Tramadol is not recommended as a first-line oral analgesic and, opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). According to the MTUS Tramadol may be used to treat chronic pain. Central analgesics drugs such as Tramadol are reported to be effective in managing neuropathic pain. The MTUS cites three studies comparing it to placebo with reported pain relief but no improved function. According to the MTUS, the long-term efficacy of opioids is currently unclear and appears to be limited. A failure to respond to a time-limited course of an opiate should lead to a reassessment and consideration of alternative therapy. According to the MTUS, opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant neuropathy. According to the MTUS, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily, and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. The available records do not document an improvement in either pain or function as a function of Tramadol use and therefore, Tramadol is not recommended as medically necessary.

**Lidopro topical analgesic:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments, Lidoderm (lidocaine patch); Topical Analgesics Page(s): 5.

**Decision rationale:** According to the MTUS, many topical agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. According the manufacturer's web site, LidoPro by [REDACTED], is a topical ointment with these ingredients: Capsaicin .000325g in 1g, Lidocaine Hydrochloride .04g in 1g, Menthol .1g in 1g, Methyl Salicylate .275g in 1g. According to the MTUS topical lidocaine, a component of the requested preparation, may be recommended for localized peripheral pain in the treatment of chronic neuropathic pain disorders such as post herpetic neuralgia, 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). According to the MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding capsaicin and methyl salicylate, according to the MTUS, these agents are listed in the MTUS and may have clinical indication for chronic back pain. There are no medical necessity criteria for menthol in the MTUS Chronic Pain Medical Treatment Guidelines. There is no documented evidence of a neuropathic pain disorder or a failed trial of first-line therapy (tri-cyclic or SNRI anti-depressants. The requested topical preparation LidoPro contains one or more agents that are not recommended. The request for LidoPro topical preparation is not considered medically necessary.

