

Case Number:	CM15-0007755		
Date Assigned:	02/10/2015	Date of Injury:	02/01/2013
Decision Date:	04/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old male with an industrial injury dated 01/04/2013 resulting in injury to the neck, low back, right hand and right foot. His diagnoses include thoracic or lumbosacral neuritis or radiculitis, cervical spine strain/sprain, brachial neuritis or radiculitis, lumbar strain/sprain, and displacement of lumbar intervertebral disc without myelopathy. Recent diagnostic testing has included a MRI of the lumbar spine (11/15/2014) showing multilevel disc desiccation associated with disc height loss, end plate degenerative changes, hemangioma at L5, straightening of the lumbar lordotic curvature, multilevel disc herniation with stenosis and bilateral foraminal narrowing. He has been treated with conservative care, medications, physical therapy, chiropractic and acupuncture therapy, and shock wave therapy. In an agreed medical evaluation dated 05/15/2014 (the most recent physical exam submitted), the treating physician reports low back pain without other noted complaints. The objective examination revealed tenderness to the midline of the lumbar spine and paravertebral musculature, restricted range of motion in the lumbar spine secondary to pain, and mild loss of lumbar lordosis. The treating physician is requesting topical medications, a MRI of the lumbar spine and toxicology screenings, which were denied by the utilization review. On 12/16/2014, Utilization Review non-certified a prescription for Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% 180gm, noting the absence of documented attempt and failure or intolerance of first-line oral medications, and the lack of support for compounded formulations that contain gabapentin. The MTUS Guidelines were cited. On 12/16/2014, Utilization Review non-certified a prescription for gabapentin 15%, amitriptyline 4%, dextromethorphan 10% 180gm, noting the absence of documented attempt and failure or intolerance of first-line oral medications, and

documented attempt and failure or intolerance of first-line oral medications, and the lack of support for compounded formulations that contain gabapentin. The MTUS Guidelines were cited. On 12/16/2014, Utilization Review non-certified a request for MRI of the lumbar spine, noting the lack of red-flag conditions or findings on exam, and the failure of conservative treatments. The ACOEM Guidelines were cited. On 12/16/2014, Utilization Review non-certified a request for toxicology testing 1x6, noting the absence of current or scheduled opioid therapy. The MTUS Guidelines were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, menthol 2% and camphor 2% 180gm, gabapentin 15%, amitriptyline 4%, dextromethorphan 10% 180gm, MRI of the lumbar spine and toxicology testing 1x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025%, flurbiprofen 15%, gabapentin 10%, Menthol 2%, Camphor 2% 180gm:
Upheld

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

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

Decision rationale: The patient presents with low back pain rated 3/10. The request is for CAPSAICIN 0.025%, FLURBIPROFEN 15%, GABAPENTIN 10%, MENTHOL 2% AND CAMPHOR 2% 180GM. The RFA is not provided. The objective examination revealed tenderness to the mid-line of the lumbar spine and paravertebral musculature, restricted range of motion in the lumbar spine secondary to pain, and mild loss of lumbar lordosis. Patient's diagnosis included thoracic or lumbosacral neuritis or radiculitis, cervical spine strain/sprain, brachial neuritis or radiculitis, lumbar strain/sprain, and displacement of lumbar intervertebral disc without myelopathy. Recent diagnostic testing included MRI of the lumbar spine on 11/15/14 which showed multilevel disc desiccation associated with disc height loss, end plate degenerative changes, hemangioma at L5, straightening of the lumbar lordotic curvature, multilevel disc herniation with stenosis and bilateral foraminal narrowing. The patient has remained off work. The MTUS has the following regarding topical creams (p111, 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 antiinflammatory 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." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product 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.

Gabapentin 15%, Armitriptyline 4%, dextromethorphan 10% 180gm: Upheld

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

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

Decision rationale: The patient presents with low back pain rated 3/10. The request is for GABAPENTIN 15%, AMITRIPTYLINE 4%, DEXTROMETHORPHAN 10% 180GM. The RFA is not provided. The objective examination revealed tenderness to the mid-line of the lumbar spine and paravertebral musculature, restricted range of motion in the lumbar spine secondary to pain, and mild loss of lumbar lordosis. Patient's diagnosis included thoracic or lumbosacral neuritis or radiculitis, cervical spine strain/sprain, brachial neuritis or radiculitis, lumbar strain/sprain, and displacement of lumbar intervertebral disc without myelopathy. Recent diagnostic testing included MRI of the lumbar spine on 11/15/14 which showed multilevel disc desiccation associated with disc height loss, end plate degenerative changes, hemangioma at L5, straightening of the lumbar lordotic curvature, multilevel disc herniation with stenosis and bilateral foraminal narrowing. The patient has remained off work. The MTUS has the following regarding topical creams (p111, 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 antiinflammatory 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." Treater has not provided reason for the request. MTUS page 111 states that if one of the compounded topical product 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.

MRI of the lumbar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with low back pain rated 3/10. The request is for MRI OF THE LUMBAR. The RFA is not provided. The objective examination revealed tenderness to the mid-line of the lumbar spine and paravertebral musculature, restricted range of motion in the lumbar spine secondary to pain, and mild loss of lumbar lordosis. Patient's diagnosis included thoracic or lumbosacral neuritis or radiculitis, cervical spine strain/sprain, brachial neuritis or radiculitis, lumbar strain/sprain, and displacement of lumbar intervertebral disc without myelopathy. Recent diagnostic testing included a MRI of the lumbar spine on 11/15/14 which showed multilevel disc desiccation associated with disc height loss, end plate degenerative changes, hemangioma at L5, straightening of the lumbar lordotic curvature, multilevel disc

herniation with stenosis and bilateral foraminal narrowing. The patient has remained off work. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In this case, treater does not provide a rationale for the repeat lumbar MRI. Per the imaging study report dated 11/15/14, the patient underwent a lumbar MRI which revealed multilevel disc desiccation associated with disc height loss, end plate degenerative changes, hemangioma at L5, straightening of the lumbar lordotic curvature, multilevel disc herniation with stenosis and bilateral foraminal narrowing. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). In review of the clinical information, there are no evidence of new injuries, no defined clinical changes from the time of the prior studies to present, and no new locations of symptoms that would require additional investigation. Therefore, the request IS NOT medically necessary.

Toxicology testing 1x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with low back pain rated 3/10. The request is for TOXICOLOGY TESTING 1X6. The RFA is not provided. The objective examination revealed tenderness to the mid-line of the lumbar spine and paravertebral musculature, restricted range of motion in the lumbar spine secondary to pain, and mild loss of lumbar lordosis. Patient's diagnosis included thoracic or lumbosacral neuritis or radiculitis, cervical spine strain/sprain, brachial neuritis or radiculitis, lumbar strain/sprain, and displacement of lumbar intervertebral disc without myelopathy. Recent diagnostic testing included a MRI of the lumbar spine on 11/15/14 which showed multilevel disc desiccation associated with disc height loss, end plate degenerative changes, hemangioma at L5, straightening of the lumbar lordotic curvature, multilevel disc herniation with stenosis and bilateral foraminal narrowing. The patient has remained off work. MTUS Chronic Pain Medical Treatment Guidelines, for Drug Testing, pg 43: Drug testing: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening with the first 6 months for management of chronic opiate use in low risk patients. MTUS allows for drug testing to determine presence of illegal drugs, or when using opioids as a step to avoid misuse/addiction. In this case, there is no evidence that the patient is on any opiate regimen nor there is an indication of the treater's intent to start the patient on such therapy. The treater has not

documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding the patient being at risk for any aberrant behaviors. The request for toxicology testing without rationale or discussion of unexpected results or any inconsistent results from the qualitative urine test is not in accordance with ODG guidelines. Therefore, the request IS NOT medically necessary.