

Case Number:	CM15-0014151		
Date Assigned:	02/02/2015	Date of Injury:	05/12/2011
Decision Date:	04/09/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/26/2015

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 53-year-old female, who sustained an industrial injury on May 12, 2011. She has reported she was pushed backwards by a patient resulting in a fall, sustaining injury to her low back. The diagnoses have included lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, sacroiliac joint dysfunction and depression. Treatment to date has included medication, injections, physical therapy and chiropractic therapy and a Magnetic resonance imaging was done in 2014. Currently, the injured worker complains of low back pain. In a progress note dated December 8, 2014, the treating provider reports straight leg raise was positive, producing low back pain, weakness in the bilateral hip flexors bilaterally, tenderness to palpation over the lumbar paraspinal muscles and sacroiliac joint region on the left great than the right. On January 13, 2015 Utilization Review non-certified a Baclofen 10mg daily quantity 30, Tramadol 50mg daily quantity 30, 120g Capsaicin cream 0.025% topical four times a day and acupuncture two times a week times six weeks low back, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #30: Upheld

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

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

Decision rationale: The patient presents with chronic unrated lower back pain and associated loss of sleep. No other complaints are specified. The patient's date of injury is 05/12/11. Patient has undergone trigger point injections of the lumbar spine at unspecified levels and dates. The request is for Baclofen 10MG #30. The RFA was not provided. Physical examination dated 12/08/14 reveals tenderness to palpation of the lumbar paraspinal muscles and sacroiliac joint region, left greater than right. Treater also notes positive straight leg raise test bilaterally, positive Patrick's test bilaterally, and positive facet loading test bilaterally. The patient is currently prescribed Lisinopril. Diagnostic imaging was not included, though progress note dated 12/08/14 reviews an undated lumbar MRI showing "At L5-S1 level there was a right more than left paracentral 4.2mm broad based disc protrusion with mild to moderate bilateral facet arthropathy and mild to moderate bilateral spinal neural foraminal stenosis. At L4-5 level there was a 4.8mm disc protrusion. At L3-L4 there is a 3.2mm disc protrusion." Patient is currently working full duties. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required." MTUS Guidelines continue, "There is currently one phase 3 study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical Baclofen." In regards to the request for Baclofen cream for the management of this patient's intractable chronic back pain, the requested topical ointment is not supported by guidelines. While MTUS does indicate that there are trials in progress evaluating compounded topical creams containing Baclofen, it is currently unsupported for standalone use. Therefore, this request IS NOT medically necessary.

Tramadol 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with chronic unrated lower back pain and associated loss of sleep. No other complaints are specified. The patient's date of injury is 05/12/11. Patient has undergone trigger point injections of the lumbar spine at unspecified levels and dates. The request is for Tramadol 50MG #30. The RFA was not provided. Physical examination dated 12/08/14 reveals tenderness to palpation of the lumbar paraspinal muscles and sacroiliac joint region, left greater than right. Treater also notes positive straight leg raise test bilaterally,

positive Patrick's test bilaterally, and positive facet loading test bilaterally. The patient is currently prescribed Lisinopril. Diagnostic imaging was not included, though progress note dated 12/08/14 reviews an undated lumbar MRI showing "At L5-S1 level there was a right more than left paracentral 4.2mm broad based disc protrusion with mild to moderate bilateral facet arthropathy and mild to moderate bilateral spinal neural foraminal stenosis. At L4-5 level there was a 4.8mm disc protrusion. At L3-L4 there is a 3.2mm disc protrusion." Patient is currently working full duties. 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. In regards to the requested Tramadol for the maintenance of this patient's intractable chronic lower back pain, treater has not provided adequate documentation of medication efficacy to continue treatment. Documents provided do not include the initiating progress note, and there is no discussion at all in regards to medication efficacy and functional improvements. None of the reports provided mention Tramadol utilization whatsoever. There are no consistent urine drug screens or discussion of aberrant behavior, either. Owing to a lack of 4A's documentation as required by MTUS, the request IS NOT medically necessary.

120g Capsaicin cream 0.025% topical: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Page(s): 28-29.

Decision rationale: The patient presents with chronic unrated lower back pain and associated loss of sleep. No other complaints are specified. The patient's date of injury is 05/12/11. Patient has undergone trigger point injections of the lumbar spine at unspecified levels and dates. The request is for 120 G capsaicin cream 0.025%. The RFA was not provided. Physical examination dated 12/08/14 reveals tenderness to palpation of the lumbar paraspinal muscles and sacroiliac joint region, left greater than right. Treater also notes positive straight leg raise test bilaterally, positive Patrick's test bilaterally, and positive facet loading test bilaterally. The patient is currently prescribed Lisinopril. Diagnostic imaging was not included, though progress note dated 12/08/14 reviews an undated lumbar MRI showing "At L5-S1 level there was a right more than left paracentral 4.2mm broad based disc protrusion with mild to moderate bilateral facet arthropathy and mild to moderate bilateral spinal neural foraminal stenosis. At L4-5 level there was a 4.8mm disc protrusion. At L3-L4 there is a 3.2mm disc protrusion." Patient is currently working full duties. MTUS Guidelines, pages 28-29 states: "Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further

efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful -alone or in conjunction with other modalities in patients whose pain has not been controlled successfully with conventional therapy."In regards to the request for Capsaicin cream for the management of this patient's intractable chronic pain, treater has not provided a reason for the request or specified a location where it is to be applied. The reports provided do not include the initiating progress note or provide evidence of prior utilization or efficacy, either. Without a clearer picture of this medication's efficacy or target this topical cream cannot be substantiated. The request IS NOT medically necessary.

Acupuncture 2 times a week for 6 weeks for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: The patient presents with chronic unrated lower back pain and associated loss of sleep. No other complaints are specified. The patient's date of injury is 05/12/11. Patient has undergone trigger point injections of the lumbar spine at unspecified levels and dates. The request is for acupuncture 2 times a week for 6 weeks for the low back. The RFA was not provided. Physical examination dated 12/08/14 reveals tenderness to palpation of the lumbar paraspinal muscles and sacroiliac joint region, left greater than right. Treater also notes positive straight leg raise test bilaterally, positive Patrick's test bilaterally, and positive facet loading test bilaterally. The patient is currently prescribed Lisinopril. Diagnostic imaging was not included, though progress note dated 12/08/14 reviews an undated lumbar MRI showing "At L5-S1 level there was a right more than left paracentral 4.2mm broad based disc protrusion with mild to moderate bilateral facet arthropathy and mild to moderate bilateral spinal neural foraminal stenosis. At L4-5 level there was a 4.8mm disc protrusion. At L3-L4 there is a 3.2mm disc protrusion." Patient is currently working full duties. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, the MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. In regards to the request for 12 acupuncture treatments for the management of this patient's chronic lower back pain, the treater has exceeded guideline recommendations. While this patient has no record of previous acupuncture and could benefit from such therapies, the treater's request of 12 sessions exceeds MTUS guidelines. MTUS indicates a maximum of 6 treatments during the trial period, with additional therapy only if there are documented benefits. Therefore, this request IS NOT medically necessary.