

<b>Case Number:</b>	CM15-0217056		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	09/17/1998
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 70 year old male, who sustained an industrial injury on 09-17-1998. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for diffuse lumbar spine disc herniation, status post lumbar decompression, bilateral lower extremity continued radicular pain, and diabetes. Treatment and diagnostics to date has included chiropractic treatment, lumbar spine MRI, lumbar epidural injections, lumbar spine surgeries, physical therapy, and medications. Recent medications have included Neurontin and Norco. Subjective data (06-22-2015 and 09-17-2015), included "constant" low back pain (rated 8-9 out of 10 on 09-17-2015). Objective findings (09-17-2015) included decreased range of motion to lumbar spine, tenderness to palpation of the lumbar paraspinal muscles, and sensation "normal" in the L4, L5, and S1 nerve distributions bilaterally. The request for authorization dated 10-14-2015 requested pain management consultation, spine surgery consultation regarding the lumbar spine, urine toxicology screen, and Kera-Tek gel (Methyl Salicylate-Menthol) 4oz. The Utilization Review with a decision date of 10-27-2015 non-certified the request for 1 pain management consultation, 1 spine surgery consultation, and Kera-Tek gel 4oz.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** Based on the 10/14/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the right leg with weakness and numbness, rated 8/10. The patient is status post lumbar decompression x2 in 1999 and 2000. The request is for PAIN MANAGEMENT CONSULTATION. Patient's diagnosis per Request for Authorization form dated 10/14/15 includes diffuse lumbar spine disc herniation, bilateral lower extremity radicular pain, and diabetes. The patient occasionally utilizes a cane for balance, per 09/17/15 report. Physical examination of the lumbar spine on 10/14/15 revealed hypertonicity and tenderness to palpation to the paraspinal muscles and quadratus lumborum; and decreased range of motion. Treatment and diagnostics to date has included surgery, lumbar ESI, imaging studies, chiropractic, physical therapy, and medications. Patient's medications include Zanaflex, Restoril, Neurontin and Norco. The patient may return to work on modified duty, per 10/14/15 report. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per 09/17/15 report, treater states the patient "has multiple lumbar disc herniations and has failed two surgeries... At this point, I would like to have the patient undergo a spine surgery consultation for any revision salvage surgery. The patient is also in need of pain management referral for consideration of further lumbar epidural injections, as well as pain medications takeover. He is presently on multiple medications..." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested pain management takeover. This patient presents with chronic pain in the lumbar spine which has been unresolved by prior surgical intervention and conservative measures. MTUS/ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could produce benefits for the patient. Therefore, the request IS medically necessary.

**Spine Surgery Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

**Decision rationale:** Based on the 10/14/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the right leg with weakness and

numbness, rated 8/10. The patient is status post lumbar decompression x2 in 1999 and 2000. The request is for SPINE SURGERY CONSULTATION. Patient's diagnosis per Request for Authorization form dated 10/14/15 includes diffuse lumbar spine disc herniation, bilateral lower extremity radicular pain, and diabetes. The patient occasionally utilizes a cane for balance, per 09/17/15 report. Physical examination of the lumbar spine on 10/14/15 revealed hypertonicity and tenderness to palpation to the paraspinal muscles and quadratus lumborum; and decreased range of motion. Treatment and diagnostics to date has included surgery, lumbar ESI, imaging studies, chiropractic, physical therapy, and medications. Patient's medications include Zanaflex, Restoril, Neurontin and Norco. The patient may return to work on modified duty, per 10/14/15 report. MTUS/ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per 09/17/15 report, treater states the patient "has multiple lumbar disc herniations and has failed two surgeries... At this point, I would like to have the patient undergo a spine surgery consultation for any revision salvage surgery. The patient is also in need of pain management referral for consideration of further lumbar epidural injections, as well as pain medications takeover. He is presently on multiple medications..." In this case, it would appear that the current treater feels uncomfortable with the patient's medical issues and has requested spine surgery consultation. This patient presents with chronic pain in the lumbar spine which has been unresolved by prior surgical intervention and conservative measures. MTUS/ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion, and could produce benefits for the patient. Therefore, the request IS medically necessary.

**Kera-Tek gel 4oz:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Based on the 10/14/15 progress report provided by treating physician, the patient presents with low back pain that radiates down the right leg with weakness and numbness, rated 8/10. The patient is status post lumbar decompression x2 in 1999 and 2000. The request is for KERA-TEK GEL 4OZ. Patient's diagnosis per Request for Authorization form dated 10/14/15 includes diffuse lumbar spine disc herniation, bilateral lower extremity radicular pain, and diabetes. The patient occasionally utilizes a cane for balance, per 09/17/15 report. Physical examination of the lumbar spine on 10/14/15 revealed hypertonicity and tenderness to palpation to the paraspinal muscles and quadratus lumborum; and decreased range of motion. Treatment and diagnostics to date has included surgery, lumbar ESI, imaging studies, chiropractic, physical therapy, and medications. Patient's medications include Zanaflex, Restoril, Neurontin and Norco. The patient may return to work on modified duty, per 10/14/15 report. MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics section, page 111

states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment." There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Per 09/17/15 report, treater states "I do believe the patient would benefit from topical Kera-Tek along with his oral medication." The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does not present with such a condition for which topical NSAIDs may be indicated. This patient presents with low back pain; and MTUS states that "there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.