

<b>Case Number:</b>	CM14-0162742		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Anesthesiology and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 injured worker is a 22-year-old female who reported an injury while she was trying to help a patient who was falling on 04/07/2012. On 09/03/2014, her diagnoses included lumbar disc herniation and left lower extremity radicular pain with red flag findings. Her complaints included constant lower back pain radiating down her legs and into her feet with numbness in the left leg. She rated her pain at 9/10. An MRI of the lumbar spine was performed on an unknown date, which was reportedly abnormal, but the results were not available for review. It was noted that she had completed 4 sessions of physical therapy without relief. Upon examination, there was tenderness to the lumbar paraspinal muscles, the quadratus lumborum and the gluteal muscles on the left. The treating physician was requesting all of this worker's prior medical records including diagnostic studies. The treatment plan continued to note that she had some neurological red flag findings, but they were not identified. The rationale for the MRI of the lumbar spine was to rule out disc herniation. The rationale for the Ultram was for pain relief, and for the topical cream was as an adjunct to the Ultram and to help minimize her need for oral medication. A Request for Authorization dated 09/09/2014 was included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 833-834. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI of the lumbar spine is not medically necessary. The California ACOEM Guidelines recommend that relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of diagnostic confusion, including false positive test results, because of the possibility of identifying a finding that was present before symptoms began and therefore, had no temporal association with the symptoms. Magnetic resonance imaging is specifically not recommended for lumbosacral strain. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. There was no submitted documentation of specific nerve compromise findings and a neurological examination. Furthermore, there was no evidence that this worker was considered to be a surgical candidate. Additionally, there was a previous MRI, the results of which were not available, but had been requested. The need for a second MRI was not clearly demonstrated in the submitted documentation. Therefore, this request for MRI of the lumbar spine is not medically necessary.

**Physical therapy x 10 to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The request for physical therapy x 10 to the lumbar spine is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. Patients are expected to continue active therapies at home. The recommended schedule for neuralgia, neuritis, and radiculitis unspecified is 8 to 10 visits over 4 weeks. It was noted that this worker had attended 4 previous sessions of physical therapy. There were no objective results of decreased pain or increased functional abilities based on those sessions. The requested 10 additional sessions exceed the recommendations in the guidelines. Additionally, there was no timeframe specified in the request. Therefore, this request for physical therapy x 10 to the lumbar spine is not medically necessary.

**Diclofenac/lidocaine cream (3%/5%) 180g:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The request for diclofenac/lidocaine cream (3%/5%) 180 gm is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded in combination for pain control, including NSAIDs and local anesthetics. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The only FDA-approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in joints. The only form of FDA-approved topical application of lidocaine is the 5% transdermal patch for neuropathic pain. The guidelines do not support the use of this compounded cream. Additionally, the body part or parts to have been treated were not identified in the request. Furthermore, there was no frequency of application specified. Therefore, this request for diclofenac/lidocaine cream (3%/5%) 180 gm is not medically necessary.

**Ultram (Tramadol 50mg) Tabs #90, No refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Ultram (tramadol 50 mg) tabs #90, no refills is not medically necessary. The California MTUS Guidelines note that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Functions should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least 1 physical and psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether a trial of opioids should occur. It was noted in the submitted documentation that this worker had not taken any opioid pain relievers due to her pregnancy and subsequent breast feeding. There was no documentation of previously failed trials of non-opioid analgesics. There was no evidence of baseline pain and functional assessment or psychosocial assessment having been made. Additionally, there was no frequency of administration specified. Therefore, this request for Ultram (tramadol 50 mg) tabs #90, no refills is not medically necessary.