

Case Number:	CM15-0113018		
Date Assigned:	06/19/2015	Date of Injury:	01/16/2012
Decision Date:	09/23/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/11/2015

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 36 year old male who sustained an industrial injury on 01/16/2012. Mechanism of injury occurred when he was involved in a motor vehicle accident when his vehicle was struck from the rear causing injury to his neck, back and legs. Diagnoses include musculoligamentous sprain lumbar spine, herniated disc lumbar spine L3-4 and L4-5, status post L4-5 laminectomy and discectomy on 08/24/2012, herniated disc L4-5 (4mm) per Magnetic Resonance Imaging 03/18/2013, disc extrusion L5-S1 (1.3mm impingement of the left transiting nerve roots, per Magnetic Resonance Imaging 03/18/2013), Herniated disc L4-5 (1-2mm, effaces the thecal sac) and L5-S1 (2-3mm: effaces the thecal sac, per Magnetic Resonance Imaging 07/09/2013), and left S1 radiculopathy. Treatment to date has included diagnostic studies, surgery, and medications. A physician progress note dated 05/05/2015 documents the injured worker His medications include Tramadol, Naprosyn and Omeprazole as needed which helps with the pain. He rates his lower back pain at 9 out of 10 with this visit and it is a sharp pain as well as aching. There is numbness and tingling in the right calf. There is radiating pain in the hips and buttocks as well as the left leg. Treatment requested is for Basic metabolic panel with EGFR includes Glucose, BUN, Creatinine, EGFR, Sodium, Potassium, Chloride, Carbon Dioxide and Calcium, Keratek gel, MRI of the lumbar spine with and without contrast, Naprosyn 500mg, Omeprazole 20mg, and Tramadol 50mg.

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 with and without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary Online Version - Indications for magnet resonance imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177,178.

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with constant low back pain, increased with certain activities with a dull ache that radiates down bilateral legs with occasional spasms in calves/feet. The patient also reports numbness/tingling in the right calf and radiating pain in the hips/buttocks and left leg per 1/25/15 report. The treater has asked for MRI of the lumbar spine with and without contrast on 5/5/15 which is a repeat request "due to the fact that previous MRIs were not consistent as to the order of counting of the lumbar vertebra." The request for authorization was not included in provided reports. The patient is s/p a laminectomy and discectomy, as well as a prior lumbar MRI. The patient is not attending therapy and is not working per 1/25/15 report. The patient's work status is "awarded case" per 5/5/15 report. The patient's current medications are Tramadol, Naproxen, and Prilosec as needed which helps with pain per 5/5/15 report. ACOEM Guidelines, chapter 8 pages 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. ODG states: Repeat MRIs are indicated only if there has been progression of neurologic deficit. 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). Per 5/5/15 report, treater states "This request for another MRI is an exception to the guidelines and is due to the fact that previous MRIs were not consistent as to the order of counting of the lumbar vertebra. The patient has an L4-S1 1.3cm disc extrusion, based on prior MRI. The previously operative level is quoted at L4-5. The previous reports quotes various disc protrusions that may vary up or down one level and we need to know for certain where the current large disc extrusion is due to the possibility of need for another surgery." However, the treater does not explain why another set of MRI is needed. For numbering, the MRI can be read by another radiologist just to sort it out. Getting a new set of MRI is not going to straighten out numbering or counting problems. If someone does not know how to count the levels, getting a new set of levels is not going to change that. The request IS NOT medically necessary.

Basic metabolic panel with EGFR (includes Glucose, BUN, Creatinine, eGFR, Sodium, Potassium, Chloride, Carbon Dioxide and Calcium): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary, Online Version - Criteria for Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 70.

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with constant low back pain, increased with certain activities with a dull ache that radiates down bilateral legs with occasional spasms in calves/feet. The patient also reports numbness/tingling in the right calf and radiating pain in the hips/buttocks and left leg per 1/25/15 report. The treater has asked for Basic metabolic panel with EGFR (includes Glucose, BUN, Creatinine, eGFR, Sodium, Potassium, Chloride, Carbon Dioxide and Calcium) on 5/5/15 and would like it to be administered "prior to MRI." The request for authorization was not included in provided reports. The patient is s/p an L4-5 laminectomy and discectomy, as well as a prior lumbar MRI. The patient is not attending therapy and is not working per 1/25/15 report. The patient's work status is "awarded case" per 5/5/15 report. The patient's current medications are Tramadol, Naproxen, and Prilosec as needed which helps with pain per 5/5/15 report. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. MTUS Guidelines, NSAIDs section, page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." The treater is requesting a basic metabolic panel prior to the repeat lumbar MRI. The patient's current list of medications includes Naproxen. In this case, MTUS supports CBC lab monitoring for patient that are taking NSAIDs. However, a prior 12-12-14 report contains the same request, before the initial lumbar MRI. The treater does not provide an explanation as to why another CBC lab would be indicated at this time. This request IS NOT medically necessary.

Keratek gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Page(s): 105.

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

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with constant low back pain, increased with certain activities with a dull ache that radiates down bilateral legs with occasional spasms in calves/feet. The patient also reports numbness/tingling in the right calf and radiating pain in the hips/buttocks and left leg per 1/25/15 report. The treater has asked for Keratek gel on 5/5/15. The request for authorization was not included in provided reports. The patient is s/p a laminectomy and discectomy, as well as a prior lumbar MRI. The patient is not attending therapy and is not working per 1/25/15 report. The patient's work status is "awarded case" per 5/5/15 report. The patient's current

medications are Tramadol, Naproxen, and Prilosec as needed which helps with pain per 5/5/15 report. The patient has been using Kera-tek gel since at least 12-12-14, and is currently using it as of 5/5/15. The Kera-Tek gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111, Topical Analgesics section 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. In this case, a prescription for Kera-Tek gel, adequate documentation of medication efficacy has not been provided. MTUS guidelines indicate that topical formulations containing NSAIDs are appropriate for complaints in the peripheral joints. This patient has been receiving KeraTek gel since at least 12/12/14, though documentation of efficacy or functional improvements attributed to this topical formulation is not included. MTUS guidelines require documentation of analgesia and functional improvement when medications are used for pain. While KeraTek is supported for this patient's radiating pain in the lower extremities, without such documentation of functional improvement, continuation of this topical medication cannot be substantiated. The request IS NOT medically necessary.

Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with constant low back pain, increased with certain activities with a dull ache that radiates down bilateral legs with occasional spasms in calves/feet. The patient also reports numbness/tingling in the right calf and radiating pain in the hips/buttocks and left leg per 1/25/15 report. The treater has asked for Tramadol 50mg on 5/5/15. The request for authorization was not included in provided reports. The patient is s/p an L4-5 laminectomy and discectomy, as well as a prior lumbar MRI. The patient is not attending therapy and is not working per 1/25/15 report. The patient's work status is "awarded case" per 5/5/15 report. The patient's current medications are Tramadol, Naproxen, and Prilosec as needed which helps with pain per 5/5/15 report. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) Section, Pages 88-89 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 under Criteria For Use of Opioids, Therapeutic Trial of Opioids, 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 this case, the treater has requested Tramadol. MTUS requires appropriate discussion of all the 4A's; however, other than a general statement that Tramadol along with other medications, "helps with the pain" in 5/5/15 report the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided in the provided progress reports. Given the

lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request IS NOT medically necessary.

Naprosyn 500mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with constant low back pain, increased with certain activities with a dull ache that radiates down bilateral legs with occasional spasms in calves/feet. The patient also reports numbness/tingling in the right calf and radiating pain in the hips/buttocks and left leg per 1/25/15 report. The treater has asked for Naprosyn 500mg on 5/5/15. The request for authorization was not included in provided reports. The patient is s/p an L4-5 laminectomy and discectomy, as well as a prior lumbar MRI. The patient is not attending therapy and is not working per 1/25/15 report. The patient's work status is "awarded case" per 5/5/15 report. The patient's current medications are Tramadol, Naproxen, and Prilosec as needed which helps with pain per 5/5/15 report. MTUS Anti-inflammatory medications section, pg 22: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. In regard to the continuation of Naprosyn for this patient's chronic pain, the request is appropriate. This patient has been prescribed Naproxen since at least 12/12/14. Addressing efficacy, progress note dated 5/5/15 notes that medications which include Naproxyn "helps with pain." Given the conservative nature of NSAID medications, and the documentation of efficacy provided, continuation of this medication is substantiated. The request IS medically necessary.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs -Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

Decision rationale: Based on the 5/5/15 progress report provided by the treating physician, this patient presents with constant low back pain, increased with certain activities with a dull ache that radiates down bilateral legs with occasional spasms in calves/feet. The patient also reports numbness/tingling in the right calf and radiating pain in the hips/buttocks and left leg per 1/25/15 report. The treater has asked for Omeprazole 20mg on 5/5/15. The request for authorization was not included in provided reports. The patient is s/p a laminectomy and

discectomy, as well as a prior lumbar MRI. The patient is not attending therapy and is not working per 1/25/15 report. The patient's work status is "awarded case" per 5/5/15 report. The patient's current medications are Tramadol, Naproxen, and Prilosec as needed which helps with pain per 5/5/15 report. MTUS NSAIDs Section pg. 69 states "NSAIDs, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI...PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Omeprazole, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient has been prescribed Omeprazole since at least 12/12/14, though efficacy is not addressed in the subsequent reports. While this patient was concurrently prescribed Naprosyn for pain, there is no discussion of gastric complaints secondary to NSAID use, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.