

<b>Case Number:</b>	CM15-0121731		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	03/14/2015
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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 35 year old male who sustained an industrial injury on 3/14/5. Diagnoses are L4-L5 retrolisthesis, L4-L5 disc herniation, and bilateral plantar fasciitis. In a progress report dated 4/23/15, a treating physician reports complaints of intermittent low back pain that radiates to both legs to foot level. Pain is aggravated by prolonged sitting, standing, and walking. He has weakness, numbness and tingling in both legs to foot level. Pain is rated at a 7/10. Bilateral foot pain is rated at 8/10. An MRI of the lumbar spine revealed damage at L4, difficulty with activities of daily living are noted with sitting, standing, driving, sleep, stairs, and housework. Lumbar spine exam notes range of motion in degrees as flexion 40, extension 20, right lateral flexion 15, and left lateral flexion 20. Palpation of the lumbar paraspinal and quadratus lumborum revealed tenderness and hypertonicity bilaterally. Palpation of the lumbar spine revealed tenderness. He was unable to heel and toe walk bilaterally. Sensation was decreased in the L5 nerve distribution on the right and decreased bilaterally in the S1 nerve distribution. Previous treatment includes 6 sessions of physical therapy, Tylenol, Advil, and MRI of the lumbar spine-3/26/15. The treatment plan is Kera-Tek Gel, Ultram, Anaprox, Orthotics, and consult with a spine surgeon. Current work status is temporary total disability. The requested treatment is 12 sessions of physical therapy for the lumbar spine, 1 custom orthotics with arch support for bilateral feet, 1 prescription for Kera-Tek gel (methylsalicylate/menthol) 4 ounces, and Ultram 50 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 sessions of physical therapy for lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT).

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

**Decision rationale:** This patient presents with intermittent low back pain that radiates to both legs to foot level. The current request is for 12 sessions of physical therapy for lumbar spine. The RFA is dated 05/19/15. Treatment history included physical therapy, injections, acupuncture, chiropractic treatments and medications. The patient is not working. The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." This patient presents with complaints of intermittent low back pain that radiates to both legs to foot level. Examination revealed decreased ROM, and decreased sensation in the L5 and S1 nerve distribution. As stated in the 04/23/15 report, the patient sustained injuries on 03/14/15 and was examined at [REDACTED]. The patient was given an injection for pain relief and physical therapy was initiated. The treater states that the patient "has only had 6 sessions previously at [REDACTED], which was inadequate physical therapy," and has recommended additional 2x6. There are no physical therapy reports provided for review. Given the patient's continued symptoms, a short course of additional 3-4 sessions may be considered. The request for additional 12 sessions exceeds what is recommended by MTUS for this patient's condition and diagnoses. This request is not medically necessary.

**1 custom orthotics with arch support for bilateral feet: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotics Knee & Leg Chapter under Insoles.

**Decision rationale:** This patient presents with intermittent low back pain that radiates to both legs to foot level. The current request is for 1 custom orthotics with arch support for bilateral feet. The RFA is dated 05/19/15. Treatment history included physical therapy, injections, acupuncture, chiropractic treatments and medications. The patient is not working. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 "Methods of Symptom Control for Ankle and Foot Complaints" states rigid orthotics are an option for

metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." ODG-TWC, Knee & Leg Chapter under Insoles states: "Recommended as an option. Recommend lateral wedge insoles in mild OA but not advanced stages of OA". Per report 04/23/15, the patient has significant flat feet, as well as plantar fasciitis and tight Achilles tendons. The treater recommended "custom orthotics with arch support for his significant flat foot deformity, as well as plantar fasciitis". The ACOEM and ODG guidelines support orthotic device for plantar fasciitis; however, the UR letter dated 05/27/15 states that the patient has received orthotic inserts from a prior physician. The treater does not discuss the need for a replacement and there is no discussion of the efficacy of the one previously dispensed. The requested additional orthotic is not medically necessary.

**1 prescription for Kera-Tek gel (methyl salicylate/menthol), 4oz.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic; Salicylate topical Page(s): 105.

**Decision rationale:** This patient presents with intermittent low back pain that radiates to both legs to foot level. The current request is for 1 prescription for Kera-Tek gel (methyl salicylate/menthol), 4oz. The RFA is dated 05/19/15. Treatment history included physical therapy, injections, acupuncture, chiropractic treatments and medications. The patient is not working. Kera-Tek analgesic gel contains Menthol 16g in 100g and Methyl Salicylate 28g in 100g. Regarding topical analgesics, MTUS states they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, page 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis problems. "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). 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." This patient presents with complaints of intermittent low back pain that radiates to both legs to foot level. Examination revealed decreased ROM, and decreased sensation in the L5 and S1 nerve distribution. He reported current level of pain as 7-8/10. He has been utilizing over the counter Tylenol and Advil to manage his pain. Given the patient's continued pain the treater recommended Kera-Tek gel, Anaprox and Ultram. In this case, topical NSAIDs are not indicated for spinal or neuropathic conditions according to guidelines. Kera-Tek gel would be indicated for peripheral joint arthritis/tendinitis problems. The patient does not

present with osteoarthritis or tendinitis but with low back pain and plantar fasciitis. Therefore, the request is not medically necessary.

**Ultram 50mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78.

**Decision rationale:** This patient presents with intermittent low back pain that radiates to both legs to foot level. The current request is for Ultram 50mg #120. The RFA is dated 05/19/15. Treatment history included physical therapy, injections, acupuncture, chiropractic treatments and medications. The patient is not working. MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. This patient presents with complaints of intermittent low back pain that radiates to both legs to foot level. Examination revealed decreased ROM, and decreased sensation in the L5 and S1 nerve distribution. He reported current level of pain as 7-8/10. He has been utilizing over the counter Tylenol and Advil to manage his pain. Given the patient's continued pain the treater recommended Kera-Tek gel, Anaprox and Ultram. This is an initial request for Ultram. This patient has not been able to obtain adequate pain relief with his current medication regimen which included OTC advice and Tylenol. He reported pain levels high as 7-8/10 and noted significant pain in the mornings. Given such, a trial of Ultram at this juncture is supported by guidelines. This request is medically necessary.