

<b>Case Number:</b>	CM15-0122347		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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, Pain Management

### 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 64 year old male, who sustained an industrial injury on September 17, 2014. He reported increased lower back pain. The injured worker was diagnosed as having status post lumbar 5-sacral 1 laminectomy and discectomy in 1998; status post posterior lumbar interbody fusion at lumbar 3-4, lumbar 4-5, and lumbar 5-sacral 1 in 2007; status post lumbar spine hardware removal, fusion inspection, Pulsavac irrigation, exploration of the right lumbar 5 nerve root with partial foraminotomy and application of grafting for screw holes in 2007; chronic right lumbar 5-sacral 1 and left lumbar 5 radiculopathy; status post spinal cord stimulator placement; metatarsalgia right foot; and pseudoarthrosis lumbar 3-4. Treatment to date has included opioid analgesic and anti-epilepsy medications. Other noted dates of injury documented in the medical record include: 1997 and March 25, 2014. There were no noted comorbidities. On January 27, 2015, the injured worker complains of stabbing pain of the back, right thigh, right leg, and right ankle. His pain is rated: 8/10 = back and 9/10 = right thigh and leg. He has some spasm and discomfort, but tries to continue his home exercise program. He continues to walk with a cane. He currently takes Norco and Gabapentin. The physical exam revealed slight flattening of the lumbar lordosis, a well-healed posterior lumbar surgical scar, tenderness to palpation in the midline region and the paraspinal musculature, decreased range of motion, slight abnormal pinwheel sensation testing, essentially normal motor strength testing, and normal deep tendon reflexes. X-rays were obtained with noted intact alignment and a bit of osteoporosis. His work status remains permanent and stationary. The treatment plan includes Tylenol No. 3 and Flurbiprofen 12% Baclofen 2% Gabapentin 6% Lidocaine 4% cream. Requested treatments

include: Tylenol No. 3, Flurbiprofen 12% Baclofen 2% Gabapentin 6% Lidocaine 4% cream, and x-rays of the lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Tylenol No. 3 #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Tylenol #3 (codeine/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Tylenol #3 is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function, and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Tylenol #3 is not medically necessary.

#### **1 prescription of topical compound Flurbiprofen 12% Baclofen 2% Gabapentin 6% Lidocaine 4% cream 240 grams: Upheld**

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

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

**Decision rationale:** Regarding the request for topical compound Flurbiprofen 12% Baclofen 2% Gabapentin 6% Lidocaine 4% cream, Chronic Pain Medical Treatment Guidelines state that topical muscle relaxants are not recommended. They go on to state that there is no evidence for the use of any muscle relaxants as a topical product. Therefore, in the absence of guideline support for topical muscle relaxants, be currently requested compound cream containing baclofen is not medically necessary.

#### **1 x-rays of the lumbar spine: 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 - Low Back- Lumbar & Thoracic (Acute and Chronic); Radiography. (2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography (X-rays).

**Decision rationale:** Regarding request for lumbar spine x-ray, ACOEM Guidelines state that x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, there is no documentation of significant pathology or red flags to warrant the request for lumbar x-ray. Furthermore, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested lumbar x-ray. In the absence of clarity regarding those issues, the currently requested lumbar x-ray is not medically necessary.