

<b>Case Number:</b>	CM15-0047997		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/31/1999
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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, Arizona

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 67 year old male, who sustained an industrial injury on 10/31/1999. Diagnoses include chronic low back pain, lumbar radiculitis, lumbar disc disease, cervical disc disease, depression, hypertension, atrial fibrillation status post ablation, coronary artery disease (CAD), cardiomyopathy, hypothyroidism and diabetes mellitus type II. Treatment to date has included diagnostics, home exercise, physical therapy and medications. On 04/03/2015, the injured worker presented for an evaluation of his work related injury. He was noted to be using a walker secondary to mobility issues. He reported occasional chest pain, dizziness and shortness of breath. He also noted pain in the low back that radiated to the left buttock and left leg more than the right with associated numbness, tingling and weakness of both lower extremities. It was noted that he had previously undergone an MRI on 03/07/2011 that showed 2 broad based disc bulges at the L2-S1 as well as mild central canal narrowing at the L2-L5 and mild to moderate at the L5-S1. Electrodiagnostic studies on 03/12/2011 were also reportedly consistent with lumbar radiculopathy. The injured worker also reported 8/10 in the cervical spine. He reportedly had undergone an MRI of the cervical spine on 10/05/2001 which showed spondylolisthesis at the C2-3 and mild disc bulging at the C5. His medications included Cymbalta 30 mg one 3 times a day, Norco 5/325 mg 1 every 6 hours as needed, pravastatin 20 mg 2 tablets NHS, Protonix 40 mg once a day, Synthroid 126 mcg 1 tablet a day, carvedilol 25 mg 1 tablet twice a day, lisinopril 10 mg once a day before breakfast, metformin 1,000 mg twice a day, Lasix 20 mg twice a day, and ASA 81 mg 1 a day. On examination, his gait was noted to be abnormal. He ambulated using a walker and the lumbar spine showed flexion to the knees. The cervical spine showed

flexion to 35 degrees, extension to 20 degrees, and there was tenderness to palpation on the lower back. EHL was negative bilaterally, SLT was unable to check secondary to decreased mobility. The cervical spine was tender to the bilateral paraspinal area and trapezii and parascapular areas. The plan of care included an updated magnetic resonance imaging (MRI), home exercise, physical therapy, neurology consultation, diagnostic testing and medications and authorization was requested for Lidopro cream, Norco 5/325 mg, Docuprene 100mg #60.

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

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

**Updated MRI (magnetic resonance imaging): Upheld**

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

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

**Decision rationale:** The requested MRI is not supported. The California MTUS/ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in those who do not respond to treatment and who would consider surgery an option. The documentation submitted for review indicates that the injured worker is symptomatic regarding the lumbar and cervical spine. However, no documentation was provided showing that the injured worker has had a significant change in symptoms since his previous MRI of the lumbar and cervical spine to support the medical necessity of this request. Also, there is no indication that he has recently undergone any conservative treatments such as physical therapy to address his symptoms. Furthermore, the request does not state which area the MRI is being requested for. Therefore, the request is not supported. As such, the request is not medically necessary.

**Lidopro cream 121 grams: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The requested Lidopro cream is not supported. The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants fail. It is also stated that lidocaine is only recommended in the form of a dermal patch for neuropathic pain. The documentation provided does not indicate that the injured worker has tried and failed recommended oral medications or that he is intolerant of these medications to support the medical necessity of this request. Also, the guidelines do not support the use of lidocaine in the form of a cream for neuropathic pain. Therefore, the request is not supported. As such, the request is not medically necessary.

**Norco 5/325mg, QTY: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be performed during opioid therapy. The documentation submitted for review fails to show that the injured worker has had a significant quantitative decrease in his pain score or an objective improvement in function with the use of these medications to support their continuation. Also, no official urine drug screens were provided to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Docuprene 100mg, QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

**Decision rationale:** The requested Docuprene 100 mg QTY 60 is not supported. The Official Disability Guidelines state that first line treatment when prescribing an opiate to prevent constipation should be increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet rich in fiber. The documentation submitted for review does not indicate that the injured worker has made lifestyle modifications with the first line options in treating constipation to support the medical necessity of this request. Also, there was no indication that this medication was relieving the injured worker's constipation. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.