

<b>Case Number:</b>	CM15-0069709		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/12/2010
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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

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 38-year-old male, who sustained an industrial injury on 10/12/2010. The current diagnoses are lumbar radiculopathy and multilevel disc herniations of the lumbar spine, most significant at L5-S1, with moderate to severe bilateral neural foraminal narrowing. According to the progress report dated 2/23/2015, the injured worker complains of stabbing low back pain, equal on both sides. He has bilateral numbness, tingling, and cramping extending to the level of his feet. The pain is rated 8/10 on a subjective pain scale. The current medications are Norco, Tylenol with Codeine, and Advil. Treatment to date has included medication management, X-rays, MRI studies, physical rehabilitation (mild relief), acupuncture (minimal relief), and epidural steroid injection (moderate relief). The plan of care includes CT discogram L2-3, L3-4, L4-5, and L5-S1, Lidopro topical ointment, and Tramadol/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CT discogram L2-3, L3-4, L4-5, and L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official disability guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Discography.

**Decision rationale:** The patient presents with stabbing low back pain with bilateral numbness, tingling and cramping extending to the feet. The pain is rated an 8/10. The request is for a CT DISCOGRAM L2-3, L3-4, L4-5 AND L5-S1. The provided RFA is dated 02/23/15 and the date of injury is 10/12/10. The diagnoses include lumbar radiculopathy and multilevel disc herniations of the lumbar spine, most significant at L5-S1, with moderate to severe bilateral neural foraminal narrowing. Per 02/23/15 report, physical examination of the lumbar spine revealed limited range of motion, especially on extension, 5-10 degrees. THE SLR bilaterally causes stabbing back pain, negative Lasegue sign. Treatment to date has included medication management, X-rays, MRI studies, physical rehabilitation (mild relief), acupuncture (minimal relief), and epidural steroid injection (moderate relief). Current medications are LidoPro topical cream and Tramadol/APAP. The patient is permanent and stationary. ACOEM guidelines page 304 does not support discogram as a preoperative indication for fusion as "discography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value." ODG guidelines, chapter 'Low Back - Lumbar & Thoracic (Acute & Chronic)' and topic 'Discography' states that "Discography is Not Recommended in ODG. Patient selection criteria for Discography if provider & payor agree to perform anyway: (a) Back pain of at least 3 months duration. (b) Failure of recommended conservative treatment including active physical therapy. (c) An MRI demonstrating one or more degenerated discs as well as one or more normal appearing discs to allow for an internal control injection (injection of a normal disc to validate the procedure by a lack of a pain response to that injection). (d) Satisfactory results from detailed psychosocial assessment (discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided). (e) Intended as screening tool to assist surgical decision making, i.e., the surgeon feels that lumbar spine fusion is appropriate but is looking for this to determine if it is not indicated (although discography is not highly predictive) (Carragee, 2006)." Per 02/23/15 report, treater states, "We discussed surgical options including MLD versus a fusion, the patient has severely involved discs at L4-5 and L5-S1 with lesser involvement at L3-4. This is to determine the pain generator." The ACOEM and ODG guidelines do not recommend discograms for the pre-operative evaluation of patients for consideration of surgical intervention for lower back pain. In regards to CT scans, the ODG only supports CT following spine trauma with equivocal or positive plain films, neurological deficits, fractures, myelopathy, pars defects and to evaluate successful fusion if plain films do not confirm fusion. The request for a discogram is not recommended for pre-operative evaluation. This request IS NOT medically necessary.

**LidoPro topical ointment/applicator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-1103, 105.

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

**Decision rationale:** The patient presents with stabbing low back pain with bilateral numbness, tingling and cramping extending to the feet. The pain is rated an 8/10. The request is for LIDOPRO TOPICAL OINTMENT/APPLICATOR. The provided RFA is dated 02/23/15 and the date of injury is 10/12/10. The diagnoses include lumbar radiculopathy and multilevel disc herniations of the lumbar spine, most significant at L5-S1, with moderate to severe bilateral neural foraminal narrowing. Per 02/23/15 report, physical examination of the lumbar spine revealed limited range of motion, especially on extension, 5-10 degrees. THE SLR bilaterally causes stabbing back pain, negative Lasegue sign. Treatment to date has included medication management, X-rays, MRI studies, physical rehabilitation (mild relief), acupuncture (minimal relief), and epidural steroid injection (moderate relief). Current medications are LidoPro topical cream and Tramadol/APAP. The patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per 02/23/15 report, treater states, "Lidopro cream is to be used as needed for neuropathic pain." In this case, only one progress report was provided and prior use of Lidopro cream is unknown. Lidopro topical cream contains Lidocaine and MTUS does not support any formulation of Lidocaine other than a patch. The request for Lidopro topical IS NOT medically necessary.

**Tramadol/APAP 37.85/325mg #90:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with stabbing low back pain with bilateral numbness, tingling and cramping extending to the feet. The pain is rated an 8/10. The request is for TRAMADOL/APAP 37.85/325MG #90. The provided RFA is dated 02/23/15 and the date of injury is 10/12/10. The diagnoses include lumbar radiculopathy and multilevel disc herniations of the lumbar spine, most significant at L5-S1, with moderate to severe bilateral neural foraminal narrowing. Per 02/23/15 report, physical examination of the lumbar spine revealed limited range of motion, especially on extension, 5-10 degrees. THE SLR bilaterally causes stabbing back pain, negative Lasegue sign. Treatment to date has included medication management, X-rays, MRI studies, physical rehabilitation (mild relief), acupuncture (minimal relief), and epidural steroid injection (moderate relief). Current medications are LidoPro topical cream and Tramadol/APAP. The patient is permanent and stationary. MTUS Guidelines pages 88 and 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 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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Per 02/23/15 report, treater states, "Prescribed Ultracet to be taken 1 tablet twice daily as needed for pain." In this case, only one progress report was provided and prior use of Ultracet is unknown. Treater has not stated how Ultracet reduces pain and significantly improves patient's activities of daily living. There are no validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.