

<b>Case Number:</b>	CM15-0072036		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	04/09/2002
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 45 year old male patient who sustained an industrial injury on 04/09/2002. The accident is described as while working lifting a heavy 125 pound piece of wood with a co-worker, the patient subsequently tripped, fell onto the back of the truck with the wood landing on his chest. He states immediately feeling acute onset of severe stabbing pain in his lower back. The patient did undergo esophagogastroduodenectomy (EGD) with biopsy on 11/17/2009. He has also had psychiatric evaluation and follow up 06/09/2011. On 08/10/2011 he underwent an echocardiogram. A primary treating office visit dated 10/06/2011 showed the patient with subjective complaint of intermittent cervical spine pain described as an aching, pins and needles sensation rated a 6 out of 10 in intensity. He also has complaint of constant throbbing pins and needles sensation in the lumbar spine that radiates to the bilateral lower extremities. He is also with report of stress, anxiety and insomnia. He states he is increasing his social encounters and activities. In addition, he still continues with complaint of abdominal gastritis and bloating. Objective findings showed the cervical spine with mild anterior head carriage without hypertonic trapezius muscles. There is palpable tenderness of the cervical spine spinous processes or supraspinous ligaments bilaterally. There is palpable tenderness of the cervical spine paraspinal musculature, trapezius muscles and suboccipitals. Diagnostic testing magnetic resonance imaging study performed on 09/07/2010 showed C6-7 moderate bilateral neural foraminal narrowing secondary to a posterior disc bulge and uncovertebral osteophyte formation; C7-T1 moderate bilateral neural foraminal narrowing secondary to posterior disc bulge and uncovertebral osteophyte formation; nonspecific straightening of the normal cervical

lordosis. The lumbar imaging showed L4-5 disc bulge with mild to moderate facet arthropathy and ligamentum flavum hypertrophy that contribute to moderate to severe spinal canal stenosis, mild to moderate left and mild to moderate right foraminal stenosis; L5-S1 disc bulge with mild to moderate facet arthropathy that contribute to mild spinal canal stenosis and minimal to mild bilateral foraminal stenosis. Lastly abdominal radiography study of ultrasound and computerized tomography scan showed at least three calcified gallstones in the neck of the gallbladder, mild fatty liver infiltration present, hypertrophic changes involving the lower dorsal and lower lumbar spine are present, small umbilical hernia noted, and cholelithiasis. Treating diagnoses are: GERD secondary to NSAID use, irritable bowel syndrome, and umbilical hernia, DM, and sleep disorder. A primary treating office visit dated 05/01/2014 reported the patient with subjective complaint of continuing with severe bilateral knee pain, moderate to severe neck pain and severe low back pain. He also has trouble sleeping and feels he is worse than before. He is not working nor is he attending therapy sessions. He is not taking oral medication at this time, he reports using topical cream. He states running out of Prilosec and that was prescribed this visit. The following diagnoses are applied: cervical herniated nucleus pulposus C5-6 and C6-7; lumbar foraminal stenosis at L4-5 and L5-S1 bilaterally; status post lumbar L4 through S1 decompression with fusion 09/16/2010; depression/anxiety; sexual dysfunction; incisional hernia, anteriorly; DM post-injury; GERD post injury; liver problems secondary to medication, in remission; narcotic addiction; dental problems of chipped teeth secondary to narcotics, and bilateral patellofemoral knee pain rule out meniscus tears. The plan of care noted the patient favoring his right knee for the past 12 years and putting a tremendous amount of pressure on the left side. Recommendation is for left knee arthroscopy. The patient is to remain permanent and stationary.

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

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

**Compound Topical Gabapentin, Ketoprofen, Tramadol Cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. In this case, the exam note from 5/1/14 does not demonstrate evidence neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established. Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112, is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety is, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains

at least one drug (or drug class) that is not recommended is not recommended." Therefore the request is not medically necessary.

**Cialis 20mg QTY: 20 with 5 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Update Panel. American Urological Association Education and Research. 2005.

**Decision rationale:** CAMTUS/ACOEM and ODG are silent on erectile dysfunction medications. There is recommendation for thorough investigation of organic causes prior to treatment initiation. During ongoing use it is recommended to detail the results of treatment. In this case, there is no documentation of prior comprehensive evaluation prior to treatment initiation nor is there any documentation of continuing assessment of response to treatment and side effects. The request is not medically necessary.