

Case Number:	CM15-0090154		
Date Assigned:	05/14/2015	Date of Injury:	10/14/2003
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/11/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old female, who sustained an industrial injury on 10/14/2003. Diagnoses include status post anteroposterior fusion from L4-S1 with residual pain, bilateral sciatica and left groin. Treatment to date has included medications, surgical intervention (lumbar posterior fusion L4-5 and L5-S1 dated 9/16/2010) diagnostics including magnetic resonance imaging (MRI), and physical therapy. Per the Doctor's First Report of Occupational Injury or Illness dated 4/07/2015, the injured worker reported constant, moderate and occasionally severe pain in the lower back with frequent throbbing pain radiating to the bilateral legs and plantar aspect of the bilateral feet. Physical examination revealed tenderness along the bilateral thoracic, lumbar paravertebral muscles, spinous processes and sacroiliac joints. The right leg is slightly longer and the left shoulder is higher. The neck and head shift to the right. There is mild thoracic shift. There is left antalgic gait. There was pain in the lumbar spine with tiptoe/heel walking or in an incomplete squat. The plan of care included, and authorization was requested, for computed tomography (CT) myelogram of the lumbar spine, x-rays lumbar spine and Cyclo/Tramadol cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Myelogram lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303;309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter Myelography.

Decision rationale: The MTUS Guidelines recommend the use of CT myelography for preoperative planning as an option if MRI is not available. Per ODG guidelines, CT (computed tomography) myelography is not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (post lumbar puncture headache, post spinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia b. Technical issues, e.g., patient size c. Safety reasons, e.g., pacemaker d. Surgical hardware. In this case, MRI is available and not precluded by any of the above reasons. The injured workers symptoms have not changed in at least 3 years and there are no red flags necessitating the use of CT Myelogram. The request for CT Myelogram lumbar spine is not medically necessary.

Cyclobenzaprine/Tramadol cream, unspecified dosage and quantity: 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 Section Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. The MTUS Guidelines state that tramadol is not recommended as a first-line oral analgesic. The MTUS Guidelines do not specifically address the use of topical tramadol. The request for Cyclobenzaprine/Tramadol cream, unspecified dosage and quantity is not medically necessary.

