

<b>Case Number:</b>	CM13-0027194		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	12/14/2010
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year-old male who injured his lower back on 12/14/2010 from heavy lifting. According to the 7/26/13 report from [REDACTED], the patient presents with low back pain with numbness, tingling and weakness down both legs. The pain without medications is 7-8/10 and with medications, it drops to 2-3/10 and allows increased function and mobility and tolerance for ADL and his home exercises. He recommended to continue the medications, proceed with a repeat ESI and lumbar MBB L3-4 bilaterally. On 9/12/13, [REDACTED] denied the patient's medications and lumbar medial branch block.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ALPRAZOLAM 1MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Page(s): 24.

**Decision rationale:** According to the 7/26/13 report from [REDACTED], the patient presents with low back pain with numbness, tingling and weakness down both legs. The records show the

patient had been using Alprazolam on 6/27/13. MTUS guidelines state that benzodiazepines are not recommended for use over 4-weeks. The continue use of Alprazolam on 7/26/13 will exceed the MTUS recommendations.

**Gabapentin 600mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs). Page(s): 16-18.

**Decision rationale:** According to the 7/26/13 report from [REDACTED], the patient presents with low back pain with numbness, tingling and weakness down both legs. The pain without medications is 7-8/10 and with medications, it drops to 2-3/10 and allows increased function and mobility and tolerance for ADL and his home exercises. The MTUS guidelines support use of gabapentin for neuropathic pain. MTUS states a 30% reduction in pain is moderate and 50% is a good result. The physician reports over 50% reduction in symptoms with medications. The continued use of gabapentin is in accordance with MTUS guidelines.

**Hydrocodone-acetaminophen 10/325 #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

**Decision rationale:** According to the 7/26/13 report from [REDACTED], the patient presents with low back pain with numbness, tingling and weakness down both legs. The pain without medications is 7-8/10 and with medications, it drops to 2-3/10 and allows increased function and mobility and tolerance for ADL and his home exercises. The MTUS guidelines for use of opioids states "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life" The physician documents reduction of pain, which is a satisfactory response. MTUS does not require weaning or discontinuing medications that are providing a satisfactory response.

**Lumbar MBB L3-L4 & Dorsal Ramus Bilaterally: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation ODG guideline, low back, online for diagnostic facet blocks: ([http://www.odg-twc.com/odgtwc/low\\_back.htm#Facetinjections](http://www.odg-twc.com/odgtwc/low_back.htm#Facetinjections)).

**Decision rationale:** According to the 7/26/13 report from [REDACTED], the patient presents with low back pain with numbness, tingling and weakness down both legs. [REDACTED] recommended a repeat LESI for radicular symptoms, and also requests the lumbar MBB to evaluate the facet joints. ODG guidelines for diagnostic facet blocks, or MBB specifically states these are "Limited to patients with low-back pain that is non-radicular" The request for lumbar MBB for a patient with radicular lower back pain is not in accordance with ODG guidelines.