

<b>Case Number:</b>	CM13-0045065		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/16/2007
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 & Rehabilitation and 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 54 year-old male with a February 16, 2007 industrial injury claim. He diagnoses include lumbar radiculopathy; diabetes mellitus; obesity; chronic pain; gastritis and acute flare up in pain symptoms. According to a September 7, 13 reports, by [REDACTED], the patient had chronic low back pain with bilateral lower extremity (BLE) radiation and on August 19, 2013, [REDACTED] had requested aquatic therapy, a lumbar MRI, Neurontin, tizanidine and tramadol. [REDACTED] states the patient presented in moderate distress, with paraspinal spasms, limited lumbar range of motion (ROM), and sensory findings down the left L5-S1 distribution and with a positive straight leg rising (SLR). Acupuncture, chiropractic and physical therapy provided limited response. On October 22, 2013, UR denied aquatic therapy, the use of gabapentin; the use of tizanidine and the use of tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EIGHT (8) AQUATIC THERAPY SESSIONS, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** According to the California MTUS Guidelines aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Guidelines state that 8-10 sessions are indicated for various myalgia and neuralgias. The physician reports an acute flare up of lower back pain and requested eight (8) sessions of aquatic therapy. The request appears to be in accordance with MTUS guidelines. Therefore, recommendation is for certification.

**GABAPENTIN 600MG #30:** Overturned

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

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

**Decision rationale:** The California MTUS guidelines state antiepilepsy drugs such as Neurontin is recommended for neuropathic pain (pain due to nerve damage). The patient is presenting with an acute flare up of back pain radiating down both legs. [REDACTED] reports decreased sensation in the L5-S1 distribution in the left lower extremity and positive nerve root tension signs with SLR. He requested use of gabapentin for neuropathic pain. The request for gabapentin for neuropathic pain appears to be in accordance with MTUS guidelines. Therefore, recommendation is for certification.

**TIZANIDINE 2MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). The patient is presenting with an acute flare up of back pain radiating down both legs. The physician notes spasms on physical examination and requested Zanaflex (tizanidine). The request for tizanidine for the acute flare-up of chronic back pain appears to be in accordance with MTUS guidelines. Therefore, recommendation is for certification.

**TRAMADOL 50MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** The Californis MTUS guidelines state that Tramadol (Ultram<sup>®</sup>) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The patient is presenting with an acute flare up of back pain radiating down both legs. The records show the physician has used tramadol as a first-line oral analgesic for the patient's acute flare-up of back pain since August 6, 2013. The request does not appear to be in accordance with MTUS guidelines. Therefore, recommendation is for non-certification.