

<b>Case Number:</b>	CM13-0048535		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/06/2004
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Maryland, New York, and Texas. 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 physician 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:

The patient is a 52-year-old female who reported an injury on 11/06/2004. The mechanism of injury was not provided in the medical records. Her diagnoses include lumbar discogenic disease, lumbar spondylosis, lumbar facet syndrome, and anterolisthesis of L4 and L5. The patient's symptoms include low back pain. Her physical exam findings reveal spasm in the lumbar region, painful range of motion, and tenderness to palpation over the lumbar facet joints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril; 7.5mg #180:** 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 Cyclobenzaprine (Flexeril®) Page(s): 41-42.

**Decision rationale:** According to the California MTUS Guidelines Flexeril is recommended as an option for a short course of therapy. The guidelines specify that Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. It specifies that the effect was noted to be greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The patient's physical exam

findings did include spasm in the lumbar region; however, as the evidence based guidelines only recommend the use of Flexeril for very short courses of therapy, the request is not supported. Therefore, the request is non-certified.

**Lumbar Facet Blocks; L4-5 and L5- S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back; Facet joint diagnostic blocks (injections), Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** According to ACOEM Guidelines invasive techniques such as facet joint injections are a questionable merit. However, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain. As the patient's injury was noted to have been on 11/06/2004, guidelines applying to the transitional phase between acute and chronic pain are not appropriate for this patient. According to the Official Disability Guidelines no more than 1 set of medial branch diagnostic blocks are recommended prior to facet neurotomy. The use of facet joint intra-articular injections is under study for therapeutic purposes. Additionally, no more than 1 therapeutic intra-articular block is recommended. As the clinical information submitted for review indicate that the patient has previously had facet joint injections, and the evidence based guidelines recommend no more than 1 set of these type of injections, the request is not supported. As such, the request is non-certified.

**Neurontin; 600mg #180: 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 Antiepilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** According to the California MTUS Guidelines anti-epilepsy drugs are recommended for neuropathic pain. It further states that a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The guidelines specify that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The clinical information submitted for review indicates that the patient is taking Neurontin 600 mg 3 times a day for neuropathic pain. However, details regarding the patient's outcome and possible side effects were not provided in the medical records. Therefore, it is unknown whether the patient has had at least a 30% reduction in pain with use of medication, or whether she has seen an

improvement in function. In the absence of this documentation required by the guidelines for the continued use of AEDs, the request is not supported. As such, the request is non-certified

**Injection; lumbar spine with 1cc Celestone and 3cc Marcaine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-288.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back; Facet joint diagnostic blocks (injections), Facet joint intra-articular injections (therapeutic blocks).

**Decision rationale:** According to ACOEM and Official Disability Guidelines, facet joint injections are not appropriate at this time for this patient. The clinical information submitted for review failed to provide details regarding this request. Therefore, it is unknown whether this is a separate request for an injection to the lumbar spine at an unknown level, or whether this medication would be included in the procedure for facet joint blocks. In the absence of details regarding this request, it is not supported by evidence based guidelines. As such, the request is non-certified.