

<b>Case Number:</b>	CM13-0056076		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/10/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The patient is a 30-year-old male who reported an injury on 06/10/2012. The mechanism of injury was the patient was pushing a tote of clothes weighing approximately 50 pounds and, on pushing the tote, it tilted over and the patient tried to lift it and when he backed up he felt a pop in his lower back with a sharp pain. The patient's diagnoses were noted to be herniated nucleus pulposus at L5-S1, symptoms of right lower extremity radiculitis/radiculopathy, history of constipation with narcotics, symptoms of anxiety, and difficulty sleeping due to back pain. The patient was treated with physical therapy, medications, and epidural steroid injections. The earliest note presented for review was 12/19/2012, which revealed the patient was taking the medications of Norco 10/325, Naprosyn 500 mg, Prilosec 20 mg, and Ambien. The earliest documentation indicating the patient was taking Xanax was 08/02/2013, and the earliest date for Neurontin was 05/16/2013. The examination dated 10/02/2013 revealed the patient had persistent back pain radiating to the right leg, and it was beginning to radiate to the back of the left thigh. Objectively, the patient had a markedly analgesic gain, favoring the right lower extremity. The patient's range of motion was noted to be somewhat restricted. The patient had a positive straight leg raise on the right at 40 degrees and cross positive was noted on the left at approximately 70 degrees. The deep tendon reflexes were 1+ at the knees, and 1+ at the left ankles and trace at the right ankle. It was indicated as of that date, the patient was taking Xanax twice a day, Norco every 6 hours, Celebrex twice a day and Neurontin for leg pain. The request was made for medication refills and physiotherapy 2 times a week for 6 weeks for the low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are appropriate treatment for back pain after the use of acetaminophen for short-term symptomatic relief. There should be documentation of an objective decrease in the VAS score, and an objective increase in function to support ongoing usage. The clinical documentation submitted for review indicated the patient had been taking the medication since 2012. There was a lack of documentation of an objective decrease in the VAS score and objective increase in the patient's functional status. The request for Anaprox 550 mg #90 is not medically necessary and appropriate.

**Xanax ER 1mg, #60:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time, since 08/2013 and there is a lack of objective functional benefit received from the medication. The request for Xanax ER 1mg, #60 is not medically necessary and appropriate.

**Norco 10/325mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Ongoing Management Page(s): 60,78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, evidenced that the patient is

being monitored for aberrant drug behavior, and side effects. The patient had been on the medication since 2012. The clinical documentation submitted for review dated 08/02/2013 revealed that the patient had constipation with Norco, and Norco was not substantially improving the pain. There was a lack of documentation indicating an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The request for Norco 10/325 mg #60 is not medically necessary and appropriate.

**Neurontin 300mg, #60: Upheld**

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that anti-epileptic drugs are the first-line medication for treatment of neuropathic pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review failed to document the above recommendations. The patient was noted to have neuropathic pain. The request for Neurontin 300 mg #60 is not medically necessary and appropriate.

**Neurontin 3mg: Upheld**

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that anti-epileptic drugs are the first-line medication for treatment of neuropathic pain. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review failed to document the above recommendations. The patient was noted to have neuropathic pain. A search of the FDA website failed to indicate there was a strength of 3 mg for Neurontin. However, given the above lack of documentation, the request for Neurontin 3 mg is not medically necessary and appropriate.

**Ambien 10mg, #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Zolpidem.

**Decision rationale:** The Official Disability Guidelines (ODG) indicates that Ambien is used for the short-term treatment of insomnia, generally 2 to 6 weeks. There should be documentation of functional improvement with the medication. The clinical documentation submitted for review indicated the patient had been on the medication since 12/2012. There was a lack of documentation of objective functional improvement with the medication. Additionally there was a lack of documentation indicating exceptional factors to warrant nonadherence to guideline recommendations, as the maximum treatment is for 6 weeks. The request for Ambien 10 mg #30 is not medically necessary and appropriate.

**Norco 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Ongoing Management Page(s): 60,78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, evidenced that the patient is being monitored for aberrant drug behavior, and side effects. The patient has been on Norco since 2012. The clinical documentation submitted for review dated 08/02/2013 revealed that the patient had constipation with Norco, and Norco was not substantially improving the pain. There was a lack of documentation indicating an objective increase in function, objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The request for Norco 10/325 mg #120 is not medically necessary and appropriate.

**Physiotherapy 2 times a week for 6 weeks for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend physical medicine treatment with a maximum of 8 to 10 visits for the treatment of neuralgia, neuritis, and radiculitis. The clinical documentation submitted for review indicated the patient had prior physical therapy. However, there was a lack of documentation of the quantity of sessions the patient participated in and the patient's objective functional response to the physical therapy. Additionally, there was a lack of documentation of objective functional

deficits to support ongoing physical therapy. The request for 12 visits would be excessive per the California MTUS Guidelines. The request for physiotherapy 2 times a week for 6 weeks to the low back is not medically necessary and appropriate.