

<b>Case Number:</b>	CM13-0060641		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in 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 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:

The patient is a 59-year-old male who reported an injury on 03/26/2003. The mechanism of injury was not specifically stated. The patient is currently diagnosed with progressively increasing lower back pain, extremely limited mobility, significant weight gain, and worsening of diabetes control. The patient was recently seen by [REDACTED] on 11/12/2013. The patient was status post L4-S1 decompression and fusion. The patient reported persistent pain with bilateral lower extremity radiation. Physical examination revealed extremely limited range of motion, localized tenderness to palpation in bilateral sacroiliac joints, positive straight leg raising, and tightness in bilateral hamstrings. Treatment recommendations included a new MRI of the lumbar spine and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. As per the documentation submitted, the patient does not demonstrate significant progression of symptoms or physical examination findings. A previous examination on 08/29/2013 by [REDACTED] also indicated extremely limited range of motion, tenderness to palpation, positive straight leg raising, and decreased sensation. The previous MRI of the lumbar spine was not submitted for review. There is also no indication of an exhaustion of conservative treatment prior to the request for a repeat imaging study. Based on the clinical information received, the request is non-certified.

**PRESCRIPTION OF OXYCONTIN 40MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report high levels of pain. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

**PRESCRIPTION OF NEURONTIN 600MG: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines state antiepilepsy medication is recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with numbness and tingling in bilateral lower extremities. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified.

**4. 1 PRESCRIPTION OF ZANAFLEX 4MG: Upheld**

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. There was no indication of palpable muscle spasm or spasticity upon physical examination. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified

**PRESCRIPTION OF ELAVIL 25MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** California MTUS Guidelines state antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent symptoms. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.

**UNKNOWN PRESCRIPTION OF STOOL SOFTENER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment

**Decision rationale:** California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. Official Disability Guidelines state opioid induced constipation treatment is recommended. First line treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient has continuously utilized stool-softening medication. However, there is no indication of chronic constipation or gastrointestinal complaints. There is also no evidence of a failure to respond to first line treatment. Based on the clinical information received, the request is non-certified.