

<b>Case Number:</b>	CM13-0066207		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 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:

The patient is a 47 year old male who was injured on 04/16/2012 while delivering at a store and was standing when his co-worker hit an empty pallet which landed on his left calf. He states he heard his low back pop when he tried to twist. Prior treatment history has included therapy, acupuncture which helped decrease his pain temporarily; injections in the lower back which did not help decrease his pain; and chiropractic treatment. Urine Toxicology report dated 11/06/2013 indicated Tramadol prescribed, none detected; inconsistent. Diagnostic studies reviewed include MRI review of the lumbar spine dated 12/19/2013 indicated there was a disc desiccation at L5-S1, without significant disc height loss. There was a 2 mm broad based posterior disc protrusion with a prominent left subarticular component and annular fissure which resulted in mild left neuroforaminal narrowing. Medical Re-evaluation note dated 12/19/2013 documented the patient to have complaints of worsening intermittent low back pain, which was moderate to occasionally severe. His pain radiated all the way down to his left leg, left knee, and left calf with associated numbness and tingling sensation. The pain decreased with Tylenol and with lying down and elevating the leg. He stated that his pain was well controlled with medication. Objective findings on exam revealed tenderness to palpation with spasm of the bilateral paraspinals and the L4 and L5 spinous process. He had limited range of motion secondary to pain; positive sitting root test; hypesthesia of the left calf and the plantar of the foot; reflexes revealed positive 1+ patellar L4 bilaterally and Achilles S1, 2+ bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80 and 88.

**Decision rationale:** The guidelines indicate that continued use of opioid medication requires demonstration of improved quality of life, pain level and function. When the patient presented for a follow-up examination on 12/19/13, he continued with report of having worsening intermittent low back pain with radiation to the left lower extremity. Examination findings were unchanged from the prior examination on 11/6/13, and the patient's status remains TTD. The medical records do not support that continued use of Tramadol has been effective in this patient's pain complaints. Therefore, the medical necessity for continued utilization of Tramadol has not been established.

**FLEXERIL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41 and 64.

**Decision rationale:** According to the CA MTUS guidelines, Flexeril may be indicated for short term course, in the treatment of muscle spasm. However, the references do not support chronic utilization. Although it is noted that the examinations on 11/6/13 and 12/19/13 documented presence of paraspinal spasm on examination, demonstrative improvement resulting from prior of Flexeril use has not been documented. Therefore, the medical necessity of Flexeril has not been established.

**NAPROXEN:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-67.

**Decision rationale:** Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the evaluation on 12/19/13, the patient reported that Tylenol had been effective in improving his pain. Naproxen is non-steroidal anti-inflammatory medication may be recommended as an option to address acute exacerbations of chronic pain treatment of pain. Based on the patient's complaints and examination findings, Naproxen would Final Determination Letter for IMR Case Number CM13-0066207 4 be

medically supported to address his complaints. Therefore, the request for Naproxen is deemed medically necessary.

**GABAPENTIN 300MG #60:** Upheld

**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 guidelines state Gabapentin is considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has derived in notable or lasting benefit with use of this medication. In the absence of efficacy established with prior use this medication, continued use of Gabapentin is not supportable. Therefore, the medical necessity of Gabapentin has not been established.

**EXOTEN-C LOTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical Page(s): 111-112..

**Decision rationale:** As per the guidelines, topical analgesics are largely experimental in use and efficacy has not been established. The medical records do not establish that the patient is unable to tolerate oral medication or failure to respond to other treatment methods, as to warrant consideration of topical analgesics. This topical produce is a compound of capsaicin, methyl salicylate and menthol. Additionally, the guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the medical necessity of Exoten-C lotion has not been established.