

<b>Case Number:</b>	CM13-0071155		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 28-year-old female who reported an injury on 02/12/2013 after she assisted a patient with a transfer, which reportedly caused injury to her low back and left leg. The injured worker's treatment history has included multiple medications, physical therapy, multiple medications, a home exercise program, chiropractic care, and Toradol injections. The injured worker was evaluated on 11/27/2013. It was documented that the injured worker had 7/10 pain of the low back radiating into the left lower extremity. Physical examination findings included restricted range of motion secondary to pain with a positive straight leg raising test and positive tenderness on the external rotation of the hip. The injured worker's medications included naproxen and Vicodin. The injured worker's diagnoses included facet joint osteoarthritis and left intercostal neuralgia. A treatment recommendation was made for an L4-5, L5-S1 medial branch block for diagnostic purposes and a request was made for Lidoderm 5% patches, Flexeril 10 mg for muscle spasming, and Neurontin 300 mg twice a day with follow-up for ongoing medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES 5%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The requested Lidoderm patches 5% are not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends Lidoderm patches for injured workers who have failed to respond adequately to oral anticonvulsants. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a trial of oral anticonvulsants. Therefore, the need for Lidoderm patches is not justified. Additionally, the request as it is submitted does not provide a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Lidoderm patches 5% are not medically necessary or appropriate.

**FLEXERIL 10MG:** Upheld

**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.

**Decision rationale:** The requested Flexeril 10 mg is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommends muscle relaxants for short-term use for acute exacerbations of chronic pain. The clinical documentation submitted for review does not support that this is an acute exacerbation of chronic pain. Additionally, as the submitted request does not provide a frequency or duration of treatment, the appropriateness of the request cannot be determined. As such, the requested Flexeril 10 mg is not medically necessary or 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 Anti-Epileptics Page(s): 16.

**Decision rationale:** The requested Neurontin 300 mg #60 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does recommend the use of anti-epileptics as first line medications in the management of chronic pain. However, the request as it is submitted does not provide a frequency or duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested Neurontin 300 mg #60 is not medically necessary or appropriate.

**L4 - L5 AND L5 - S1 MEDIAL BRANCH FACET INJECTIONS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** The requested L4 - L5 and L5 - S1 medial branch facet injections is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule does not address medial branch blocks. The Official Disability Guidelines recommend medial branch blocks for injured workers who have well documented facet-mediated pain that has not responded to active conservative therapy. The clinical documentation submitted for review does indicate that the injured worker has not undergone any supervised skilled therapy and is not currently participated in a home exercise program. Therefore, the need for a diagnostic study such as a medial branch block is not supported. As such, the requested L4 - L5 and L5 - S1 medial branch facet injections is not medically necessary or appropriate.