

<b>Case Number:</b>	CM14-0104545		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

Patient is a 54-year-old male with 10/21/09 date of injury. The mechanism of injury is not described. Progress report dated 6/10/14 states that patient has increasing low back pain since last visit on 4/3/14. He has had numbness in his right leg for about 3 weeks along the outer upper area when he sits. Complains of low back pain more on the right into the leg along the outer upper area when he sits. The medications are helping some. Average pain rated at 4/10. S/p left RFA of L3-4-5 on 12/20/13. Lumbar MRI reveals minimal to mild central canal stenosis and minimal to mild bilateral neural foraminal stenosis at L4-5 secondary to a 5.5-mm disc herniation, short pedicles and mild ligamentum flavum redundancy. Minimal central canal stenosis and minimal bilateral neural foraminal stenosis is seen at L3- 4 secondary to a 4-mm protrusion. Current medications include Lunesta, Nucynta ER, Robaxin 750, Vicodin, Celebrex. On exam the patient has baseline low back pain on his right c/w facet regeneration. Right leg pain c/w disk lesions as per MRI. Most of his pain is facet and discogenic. Pain is worse when standing and walking. Diagnoses: chronic low back pain and right more than left leg pain, Hx of R. sided L4/5 disk lesion, lumbar spondylosis, Request: Right L3-L4 TFESI; Ketoprofen/Gabapentin/Lidocaine cream; Robaxin 750mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L3-L4 transforaminal epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar CA MTUS 9792.24.2. Chronic Pain Medical Treatment Page(s): 46.

**Decision rationale:** Guideline criteria for Right L3-L4 transforaminal epidural steroid injection are not met. The patient's symptoms do not correspond to L3-4 dermatomal distribution and therefore, the medical necessity for targeting L3 & L4 root via the foramen is not established. In addition, no discussion of reflex loss/weakness is documented. Recommendation: Non-certify.

**Ketoprofen/Gabapentin/Lidocaine cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Chronic Pain Medical Treatment Page(s): 112-113.

**Decision rationale:** The topical use of ketoprofen, gabapentin and lidocaine is not recommended by CA MTUS guidelines, as they are experimental and their efficacy and safety are undetermined. Recommendation: Non-certify.

**Robaxin 750mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants; Methocarbamol (Robaxin, Relaxin, generic available).

**Decision rationale:** In most LBP cases, non-sedating muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Patient had been taking Robaxin since prior to 12/30/13, as the report indicates that Lorzone was not as helpful as Robaxin patient was previously on. Such prolonged use of muscle relaxants is not recommended. The reports from 6/10/14 and 4/3/14 do not reflect the ongoing efficacy and functional gains from this medication taken to date. Recommendation: Non-certify.