

Case Number:	CM14-0105351		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2012
Decision Date:	09/09/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/08/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year-old male was reportedly injured on 1/6/2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 6/2/2014 Indicates that there are ongoing complaints of low back pain that radiates into the left lower extremity. The physical examination demonstrated lumbar spine, limited range of motion with pain, straight leg raise is negative bilaterally, positive hamstring tightness bilaterally, left slump test is positive, right negative, and positive tenderness to palpation lumbar paraspinal muscles bilaterally. 4/5 left ankle plantar flexion, knee flexion, and hip abduction, decreased sensation along the left L5 dermatome, lower extremity reflexes 2+, and foot slap with ambulation is noted on the left side. Diagnostic imaging studies include an MRI of the lumbar spine dated 1/13/2014 which revealed a small herniation with fishery at L2-L5, and S1. At L5-S-1, there is sub articular gutter stenosis and questionable impingement of ipsilateral S1 nerve root. Electro diagnostic test of left lower extremity from 2/24/2014 reveals chronic L5 lumbar spine radiculopathy. Previous treatment includes medication, and conservative treatment. A request was made for Xanax 2.5 mg #30, Neurontin 300 mg #60, lumbar traction unit, and was not medically necessary in the pre-authorization process on 6/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax .25mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5 Division of Workers' Compensation Subchapter 1. Administrative Director - Administrative Rules.

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

Decision rationale: MTUS guidelines do not support benzodiazepines (Xanax) for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. The prescription given to the patient was #30 with two refills therefore, this request is not medically necessary.

Neurontin 300 mg, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Title 8. Industrial Relations Division 1. Department of Industrial Relations Chapter 4.5 Division of Workers' Compensation Subchapter 1. Administrative Director - Administrative Rules.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination therefore, this request for Neurontin is not medically necessary.

Lumbar traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 12/27/2013).

Decision rationale: MTUS treatment guidelines do not support the use of traction for treatment of low back pain, sciatica, or cervical spine pain. Conclusion of evidence-based studies have indicated that neither continuous nor intermittent traction was more effective in improving pain, disability, or work absence than placebo, sham, or

other treatments for patients with a mixed duration of low back pain with or without sciatica. Based on the record provided, and noting the subjective and objective data provided, the literature does not support the use of traction devices due to lack of effectiveness in improving pain therefore, this request is not medically necessary.