

<b>Case Number:</b>	CM14-0012943		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	08/02/2006
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 Geriatrics and is licensed to practice in New York. 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 60 year old woman with a date of injury of 8/2/06. She was seen by her primary treating physician on 1/4/13 six months after posterior spinal fusion with TLIF at L4-S1. She had ongoing back pain and found relief when using her TLSO. Her current medications at that point were Percocet, norco, Prilosec and flexeril. She was seen by her primary treating physician on 10/11/13 with continued low back pain. The physician reviewed her records and appealed a denial of an epidural injection and bone scan to determine pseudoarthritis and acupuncture. Medication refills were ordered as was a comprehensive metabolic panel, bone scan and epidural injection, all of which are at issue in this review. She was subsequently seen by her orthopedic surgeon on 11/1/13 where she complained of constant diffuse lower back pain. Her medications were hydrocodone, cyclobenzaprine and omeprazole. Her thoracolumbar spine exam showed a well healed lumbar scar with bilateral paralumbar tenderness. She had 5-/5 strength in the left EHL and left peroneals. Sensation and reflexes were normal. Gait was normal. Lumbar range of motion was reduced and Waddell's signs were absent. A lumbar spine x-ray showed solid fusion with no evidence of hardware loosening or radial lucency. Her diagnoses were s/p lumbar fusion L4-sacrum in 7/12 and right second hammer toe. Based upon the review of prior CT scans and radiographs, the physician stated that there was no indication for bone scan. At issue in this review is the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST (DISPENSED 10/11/2013): CYCLOBENZAPRINE 7.5 MG TABLET #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE AND MUSCLE RELAXANTS (FOR PAIN),.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 2006. Her medical course has included numerous treatment modalities including surgery long-term use of several medications including narcotics and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The records fails to document any improvement in pain, spasms, functional status or side effects to justify long-term use. The Cyclobenzaprine has been prescribed for long-term use and medical necessity is not supported in the records. Therefore the request is not medically necessary.

**RETROSPECTIVE REQUEST (DISPENSED 10/11/2013): HYDROCODONE/APAP 7.5/325 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 2006. Her medical course has included numerous treatment modalities including surgery long-term use of several medications including narcotics and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The records fail to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The hydrocodone /apap is denied as not medically justified. Therefore the request is not medically necessary.

**BONE SCAN OF LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 179.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Diagnostic testing for low back pain: uptodate

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 2006. Her medical course has included numerous treatment modalities including surgery long-term use of several medications including narcotics and muscle relaxants. Radionuclide bone scans are of limited value in evaluating patients with back pain. Also, in this worker, a physician review documented that the bone scan was not indicated as the prior CT scan and radiographs did not show any evidence of pseudoarthrosis. The medical necessity of a bone scan is not substantiated in the records. Therefore the request is not medically necessary.

**TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION, RIGHT L3, L4  
ROOTS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 35.

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 2006. Her medical course has included numerous treatment modalities including surgery long-term use of several medications including narcotics and muscle relaxants. Epidural spine injections are recommended as an option for treatment of radicular pain. The physical exam does not suggest radicular pathology and the worker does not meet the criteria as there is not clear evidence in the records that she has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants). The medical necessity of an epidural injection to L3-4 nerve root is not substantiated in the records. Therefore the request is not medically necessary.

**COMPREHENSIVE METABOLIC PANEL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HealthCentral.com at <http://www.healthcentral.com/ency/408/003468.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Approach to the patient with abnormal liver biochemical and function tests and Assessment of kidney function

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 2006. Her medical course has included numerous treatment modalities including surgery long-term use of several medications including narcotics and muscle relaxants. A comprehensive metabolic panel was ordered to monitor her renal and hepatic functions. Given her age and no documentation of any compliance issues with medications and no symptoms of any toxicity or renal, GI, hepatic or cardiovascular illnesses or symptoms, a comprehensive metabolic panel as lab monitoring is not medically justified. Therefore the request is not medically necessary.