

<b>Case Number:</b>	CM14-0018023		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	02/04/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 37-year-old male who reported an injury on February 04, 2008. The mechanism of injury was not specifically stated. Current diagnoses include failed low back surgery syndrome, status post L4 to S1 fusion with instrumentation, lumbar facet osteoarthritis, bilateral sacroiliitis, myofascial pain, lumbar radiculopathy, and lumbar degenerative disc disease. The injured worker was evaluated on October 17, 2013. The injured worker reported severe back pain with left SI joint pain and radiation to the left lower extremity. Current medications include Lyrica, Ultram, baclofen, and oxycodone. Physical examination revealed severe tenderness to palpation of the lumbar spine, tenderness over the left sacroiliac (SI) joint, moderate tenderness to palpation over the right SI joint, positive straight leg raising bilaterally, positive Patrick's testing, limited lumbar range of motion, hypoesthesia in the right lateral leg area, and 5/5 motor strength. Treatment recommendations included an MRI of the lumbar spine and bilateral SI joints as well as continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. According to the documentation submitted, the injured worker has previously utilized Norco in the past. The injured worker reported worsening pain with Norco, which was discontinued, as OxyContin was resumed. Given the lack of benefit, ongoing use cannot be determined as medically appropriate; the request is not medically necessary.

**GABAPENTIN 300MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The injured worker is currently utilizing Lyrica 75mg. The medical necessity for two separate anti-epilepsy drugs has not been established. Therefore, the request is not medically necessary.

**FLEXERIL, 20MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker also utilizes baclofen 10mg. The medical necessity for two separate muscle relaxants has not been established. Therefore, the request is not medically necessary.

**BACLOFEN 10MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. There was no evidence of palpable muscle spasm or spasticity upon physical examination. Therefore, the request is not medically necessary.

**AN MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The injured worker has previously undergone an MRI of the lumbar spine on April 01, 2013. There is no documentation of a significant change in the injured worker's symptoms or physical examination findings that would warrant the need for a repeat imaging study. Therefore, the request is not medically necessary.

**AN MRI OF THE BILATERAL SACROILIAC JOINTS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (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) Hip & Pelvis Chapter, MRI (Magnetic Resonance Imaging).

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines do not specifically address the requested service. The Official Disability Guidelines state indications for imaging include osseous, articular, or soft tissue abnormality, osteonecrosis, occult, acute, and stress fracture, acute and chronic soft tissue injury, or tumors. The injured worker does not meet any of the above-mentioned criteria as outlined by the Official Disability Guidelines. Therefore, the medical necessity has not been established. There was no documentation of a significant musculoskeletal or neurological deficit. Based on the clinical information received and the Official Disability Guidelines, the request is not medically necessary.