

<b>Case Number:</b>	CM14-0124188		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/07/2010
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 & Rehabilitation 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:

The patient is a 45-year-old male who sustained an injury on 8/7/10. He complained of severe lower back pain radiating into legs and toes. He underwent conservative pain management, as well as bilateral L4-L5 and L5-S1 decompressive surgery on 01/16/14. Since the surgery he reported bowel and bladder problems. The pain was making sleep difficult. He was taking Norco, Anaprox and Medrol dosepak which took his pain down from 10 to 6 or 7 and enabled him to perform daily activities and participate in his home exercise program. It appears that he was not attending treatment and his symptoms were made worse with physical therapy and chiropractic care. He ambulated with a walker. There was tenderness over the sacroiliac joints, gluteal muscles and paravertebral muscles which also had spasm. ROM was unable to be performed due to pain. Post-surgery x-rays revealed a complete laminectomy at L5 and partial laminectomies at L4 and S1 with no pathological instability. Diagnoses: S/P bilateral L4-S1 decompression/ foraminotomy and implant removal, lumbar sprain and disc displacement, and knee sprain. The request for Norco #90 was modified to prescription for Norco 10/325 mg #55 and Anaprox DS 550mg #60; Neurontin 600mg #60; 1 bilateral knee brace; 1 EMG/NVC of the bilateral lower extremities were denied on 07/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 74, 51.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not document ongoing attempts with non-pharmacologic means of pain management, such as physical therapy, acupuncture or home exercise program. There is no documentation of urine drug screen to monitor the patient's compliance. There is no evidence of any significant improvement in pain or function solely with its prior use. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established.

**Anaprox DS 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (NSAIDs).

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

**Decision rationale:** According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief, at the lowest dose in patients with moderate to severe pain, there is no evidence of long-term effectiveness for pain or function. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The medical records do not demonstrate that this patient has obtained any significant benefit solely with this medication. Therefore, the request is not medically necessary according to the guidelines.

**Neurontin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records do not establish the patient has neuropathic pain. There are no subjective complaints, correlative objective clinical findings, and/or corroborative electrodiagnostic evidence to establish active neuropathy is present. There are no signs or symptoms of neuropathy. The medical necessity of Gabapentin has not been established under the guidelines.

**Bilateral knee brace #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** Per guidelines, knee braces are recommended in ACL tear, or MCL instability, and among patients with knee OA and mild or moderate valgus or varus instability; a knee brace can reduce pain, improve stability, and reduce the risk of falling. Evidence that knee braces used for the treatment of osteoarthritis mediate pain relief and improve function by unloading the joint (increasing the joint separation) remains inconclusive. In all cases, braces need to be used in conjunction with a rehabilitation program and are necessary only if the patient is going to be stressing the knee under load. The above criteria are not met in this IW, and thus the request is not medically necessary due to lack of documentation and per guidelines.

**EMG of the Bilateral Lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**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.

**Decision rationale:** As per ODG, EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. The medical records do not reveal clinically significant findings that establish medical necessity of an EMG. In this case, this patient has chronic lumbar pain with pain radiation into both lower extremities, suggesting radiculopathy. Per guidelines, EMG would be indicated in equivocal cases after one month of conservative therapy; i.e. physical therapy. However, the records indicate that the IW has not participated in physical therapy. As such, the medical necessity has not been established.

**NCV of the Bilateral Lower Extremities:** 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.

**Decision rationale:** Additionally, as per ODG, "there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." Furthermore, NCS has little value in the evaluation of radiculopathy, unlike its value in the diagnosis of neuropathies (i.e. Carpal tunnel syndrome or peripheral neuropathy). Thus, the medical necessity of NCS has not been established.