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| <b>Case Number:</b>   | CM14-0169267 |                              |            |
| <b>Date Assigned:</b> | 10/17/2014   | <b>Date of Injury:</b>       | 06/24/2001 |
| <b>Decision Date:</b> | 11/19/2014   | <b>UR Denial Date:</b>       | 10/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2014 |

### 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 Internal Medicine 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:

In the most recent Pain Management Consultation Report dated September 16, 2014, the IW complains of lumbar spine pain radiating into bilateral lower extremities. He rates his pain as 10/10. He characterizes his symptoms as aching, tingling, heavy, severe, stabbing, shooting, tight, annoying, numbing, cramping, and burning. Lumbar orthopedic tests include positive Kemp's, positive Patrick's, and Minor's sign is positive. Straight leg raise negative bilaterally, and Braggard's test is negative bilaterally. Diagnoses include: Lumbago, lumbar facet joint pain, sacroiliac joint pain, lumbar neuritis, and chronic pain syndrome. The IW underwent bilateral L4-L5 and L5-S1 facet joint medial branch blocks on August 21, 2013 without relief of his lumbar back pain. Documentation indicated that he is stable on his current medications. Utilization review continues to non-certify his medications. He has discontinued Oxycodone. Currently he takes Hydrocodone/APAP 7.5/325mg, Cyclobenzaprine 10mg, Amitriptyline 50mg, Gabapentin 300mg, Omeprazole 20mg and Compound transdermal analgesic creams. There are no current opiate related issues, medications are effective in reducing his pain by 50% when he uses them as directed. The medications allow him to be functional in activities of daily living. Urine toxicology has been appropriate. There is a current updated opiate contract with the IW. Opiate policy and the Rule of One policy has been accepted. Pursuant to the September 16, 2014 note recommends that the IW continue medications, and attend 6 visits of chiropractic therapy. Lumbar epidural injection to L4-L5 and L5 to S1 will be requested as well as an MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone / APAP 7.5/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Opiate Use

**Decision rationale:** Pursuant to the Chronic Pain Med Treatment Guidelines and the Official Disability Guidelines, hydrocodone/APAP 7.5/325 mg #120 is not medically necessary. The guidelines state Norco is an opiate medication consisting of hydrocodone and acetaminophen and is recommended for short-term treatment of moderate to moderately severe pain. In determining whether ongoing opiate use should continue, one needs to consider the patient's functional abilities and pain levels including whether or not they have returned to work. Without appropriate evidence indicating continuation, a slow medically supervised taper is indicated. In this case, the medical records not support the continued use of hydrocodone. The injured worker has not returned to work and continues to complain of 10 out of 10 current pain symptoms with moderate low back pain radiating to the lower extremities. There is no apparent functional improvement and the hydrocodone has not been significantly effective. An epidural steroid injection was ordered which is to be requested after failure of less invasive treatment, including medications. This too would suggest hydrocodone is not working. Based on the clinical information in the medical record and a peer-reviewed evidence-based guidelines, hydrocodone/APAP 7.5/325 mg #120 is not medically necessary.

**Gabapentin 300mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Gabapentin

**Decision rationale:** Pursuant to the chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg is not medically necessary. The guidelines indicate Gabapentin is an antiepileptic drug shown to be effective for diabetic neuropathy treatment and postherpetic neuralgia. It is considered a first-line treatment for neuropathic pain. In this case, the gabapentin has not been significantly effective because of the persistent 10 out of 10 pain complained of by the injured worker. The treating physician, as noted above, requested an epidural injection which is typically ordered to address radicular pain if the first line of treatment (gabapentin) fails. This information would suggest gabapentin has been inadequate in treating the injured worker symptoms. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabapentin 300 mg is not medically necessary.

**Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Drugs, GI and cardiovascular risks Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAI Drugs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg is not medically necessary. The guidelines enumerate the criteria for Omeprazole (proton pump inhibitors). Omeprazole is indicated in patients who are at risk for G.I. related complaints such as G.I. bleeding and peptic ulcer disease, patients who take high dose nonsteroidal anti-inflammatory drugs and who take aspirin concurrently. In this case, the injured worker had a previous bout of gastritis. However, the injured worker has no current indication of similar symptoms and is not taking high-dose steroids or aspirin concurrently. Based on the medical record and the peer-reviewed evidence-based guidelines, omeprazole 20mg. is not medically necessary.

**Six (6) Chiropractic sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chiropractic Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, 6 chiropractic sessions are not medically necessary. The guidelines state if chiropractic manipulation has not resulted in functional improvement in the first one to two weeks it should be stopped and the patient reevaluated. For patients with chronic low back pain, manipulation may be indicated if there is positive functional improvement. There is no functional improvement. Elective/maintenance care is not medically necessary. In this case, the medical record does not show the patient is experiencing a current exacerbation. Consequently, the guidelines state maintenance care is not medically necessary. Although the patient received past chiropractic care, the injured worker continues to complain of significant symptoms and impairment with 10/10 pain. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines six chiropractic sessions are not medically necessary.

**MRI of the Lumbar Spine:** 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); Magnetic Resonance Imaging

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. The criteria/indications imaging (MRI) of the lumbar spine are lumbar spine trauma, neurologic deficit; uncomplicated low back pain, suspicion of cancer, infection, or other red flag; uncomplicated low back pain, with radiculopathy after at least one month conservative therapy; uncomplicated low back pain, lumbar surgery. . . . In this case, the injured worker's physical examination was negative for neurologic deficit. The injured worker was neurologically intact with no motor strength in the lower extremities bilaterally. Consequently, the indication for MRI lumbar spine was missing from the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the MRI lumbar spine is not medically necessary.

**One (1) Lumbar Epidural Steroid Injection L4-5 and L5-S1:** 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 Epidural Steroidal injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Epidural Steroidal injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one lumbar epidural steroid injection L4-L5 is not medically necessary. The guidelines state one of the criteria for epidural steroid injections is the documentation on physical examination of radiculopathy. This must be corroborated by electrodiagnostic studies and or imaging studies. In this case, the neurologic physical examination was unremarkable. There was no evidence of radiculopathy documented in the physical examination or the medical record. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, the epidural steroid injection is not medically necessary.