

<b>Case Number:</b>	CM14-0173250		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	07/22/2011
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Interventional Spine Pain Management 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 55-year-old male with a date of injury of 07/22/2011. The listed diagnoses per [REDACTED] are: 1. Status post L5 to S1 discectomy, 03/13/2012. 2. History of prior of low back discectomy, 05/14/2010. 3. Status post 06/18/2013 low back surgery. According to progress report 10/14/2014, the patient presents with continued complaints of low back pain. Examination revealed healed incision for surgical intervention with negative straight leg raise noted. Motor strength is 5-/5 in the lower extremity due to low back pain. Reflex is 2+ at patella and Achilles. The patient is currently working with restrictions. Report 08/02/2014 indicates that the patient has constant low back pain that radiates into the left lower extremity. Examination of the lumbar spine revealed moderate to severe tenderness to palpation over the lumbosacral spine, left posterior superior iliac spine and sacroiliac joints. There is mild tenderness to palpation in the left sciatic notch. Range of motion was decreased in all planes. Patrick's test on the left elicited pain. Gillet's test revealed "pelvic tilt with pain elicited and noticeable instability." Fortin's finger test revealed, "Patient was asked to point with a single digit the area of greatest pain. He put it directly over the left sacroiliac joint." The provider is requesting Robaxin, Neurontin, spinal cord stimulator trial, diagnostic left sacroiliac joint block, psych evaluation for SCS, and "patient education" as it is required for SCS trial/implant. Utilization review denied the request on 10/03/2014. Treatments reports from 06/17/2014 through 10/28/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** This patient presents with chronic low back pain. Progress report 08/21/2014 states, "I would also start the patient on Robaxin 500 mg b.i.d. to try to control the muscle spasm component of his pain." This is an initial request for this medication. The MTUS Guidelines page 64 states "cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." The provider has requested #60 with 2 refills. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days for acute spasms and no more than 2 to 3 weeks. Therefore, this request is not medically necessary.

**Neurontin 300mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines regarding gabapentin Page(s): 18.19.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting Neurontin 300 mg #60 with 2 refills. This is an initial request for this medication. Utilization review denied the request stating, "While it was noted that the patient was experiencing symptoms that could be indicated of neuropathic pain, the request failed to show how many pills were being requested." The Request for authorization from 09/26/2014, specifically requests Neurontin 300 mg "b.i.d. #60 x2 refills." The MTUS guidelines pages 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first-line treatment for neuropathic pain." This is an initial request for this medication. In this case, a trial of Neurontin for the patient's radicular symptoms is within guidelines and recommendation is medically necessary.

**Spinal cord stimulator trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under spinal cord stimulation Page(s): 107.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting a trial spinal cord stimulator. The provider in his 10/02/2014 progress report states that the patient has failed back surgery syndrome, and "it is possible that we may have to consider a spinal cord stimulator in the future." Under plan/course of treatment, the provider recommended a spinal cord stimulator trial and it was noted that the "patient does not wish to proceed." Under spinal cord stimulation, the MTUS guidelines, page 107, states "recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post-amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, pain associated with multiple scoliosis, and peripheral vascular disease. In this case, it is unclear why there is a request for a spinal cord stimulator trial when the patient has communicated that he does not wish to proceed. Furthermore, the provider is also requesting a psych evaluation concurrently with the SCS trial. A Psych evaluation should take place prior to a spinal cord stimulator trial. Without this clearance, spinal cord stimulation cannot be considered. Therefore, this request is not medically necessary.

**Diagnostic left sacroiliac joint block:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines (ODG) SI joint injections under its Pelvic/Hip chapter

**Decision rationale:** This patient presents with chronic low back pain. The provider in his 10/02/2014 report notes that the patient has tenderness to palpation over the left sacroiliac joint and "3 positive findings consistent with left sacroiliitis" and requests a diagnostic left sacroiliac joint block. ODG guideline has the following regarding SI joint injections under its Pelvic/Hip chapter: SI joint injections are not supported without objective findings consistent with sacroiliitis. ODG further states, "Criteria for the use of sacroiliac blocks: 1. the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings." In this case, the provider has documented positive Gillett's, Patrick's and Fortin Finger's test. But, the provider does not document at least 4-6 weeks failure of conservative care and the provider indicates that the patient has radicular symptoms which is not consistent with SI joint syndrome. Therefore, this request is not medically necessary.

**Psych evaluation for SCS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under spinal cord stimulation Page(s): 107.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting a psych evaluation for SCS and a spinal cord stimulator trial. Under spinal cord stimulation, the MTUS guidelines, page 107, states "recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post-amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, pain associated with multiple scoliosis, and peripheral vascular disease. The patient has expressed that he would not like to undergo a trial SCS, it is unclear why a psych evaluation for SCS is being requested. In any case, the provider states in his 10/14/14 report that the patient has failed back surgery syndrome and a SCS trial is being considered. A psyche evaluation is required before consideration of a SCS trial. Therefore, this request is medically necessary.

**Patient education (required for SCS trial/implant):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under spinal cord stimulation Page(s): 107.

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting "patient education (required for SCS trial/implant)." Under spinal cord stimulation, the MTUS guidelines, page 107, states "recommended only for selected patients in cases when less invasive procedures have failed or contradicted for specific conditions following a successful temporary trial." Indications for stimulator implantation are failed back syndrome, CRPS, post-amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, pain associated with multiple scoliosis, and peripheral vascular disease. In this case, the patient does not meet the indication for an SCS trial as he has not had a psych evaluation. Therefore, the "patient education for SCS trial" is not medically necessary. It is also not known why SCS is requested when the patient is not interested in it. Therefore, this request is not medically necessary.