

Case Number:	CM14-0175799		
Date Assigned:	10/28/2014	Date of Injury:	02/13/2013
Decision Date:	12/05/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

This is a 29-year-old male patient who reported an industrial injury to the back on 2/13/2013, 21 months ago, attributed to the performance of his usual and customary job duties. The patient reported that the back pain was characterized as 5/10 and had not changed since the prior visit. The patient reported that the back pain radiated to the left lower extremity. The patient reported that he was lifting boxes inside his truck yesterday and he twisted to the left and felt his back give out resulting in left lower back pain that radiated to the left lower extremity. The objective findings on examination included lumbar spine with spasms and tenderness the paraspinal muscles; no spasm of cervical muscles; tenderness to palpation to the lumbar muscles over L5; no tenderness or crepitus of the coccygeal muscles; no tenderness of the cervical spine or thoracic spine; reduction in the range of motion of the lumbar spine; lower extremity sensation was intact bilaterally; lower extremity deep tendon reflexes were 2 plus bilaterally. The diagnosis was lumbar sacral sprain/strain improved and lower back pain. Patient was prescribed Naproxen 500 mg #60; discontinue Flexeril; and continue Vicodin 5/500 mg #20. The patient was prescribed modified duty; physical therapy; and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 110, Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Specific Anti-Epilepsy Drugs Gabapentin Page(s): 16,18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Medications for Chronic Pain

Decision rationale: The treating physician has prescribed Gabapentin 100 mg bid #60 to the patient for the treatment of chronic back pain over a prolonged period of time; however, there is no documented neuropathic pain. There is no documentation of functional improvement with the prescription of the gabapentin 100 mg bid. There is no documented objective evidence of a nerve impingement radiculopathy. The patient is noted to the lumbar spine. The patient is not demonstrated to have neuropathic pain for which Gabapentin is recommended by evidence-based guidelines. The patient is not documented on examination to have neuropathic pain. The prescription of Gabapentin (Neurontin) was not demonstrated to have been effective for the patient for the chronic pain issues. The treating physician has provided this medication for the daily management of this patient's chronic pain. Gabapentin or Pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states; there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of axial lower back pain; chronic lower back pain; or chronic lower back pain with radiculopathy. The CA MTUS and the Official Disability Guidelines state there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic axial lower back pain. The prescription of Gabapentin for neuropathic pain was not supported with objective findings on physical examination. There was objective evidence that the recommended conservative treatment with the recommended medications have been provided prior to the prescription of Gabapentin for chronic pain. Presently, there is no documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat post herpetic neuralgia and painful polyneuropathy, such as, diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/gabapentin/Pregabalin) as a first-line therapy for painful polyneuropathy, such as, diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for Gabapentin 100 mg bid #60 is not medically necessary.

X-Ray Flexion Extension 2 Views 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 (ODG)-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower; X-rays

Decision rationale: The requested Lumbar spine x-rays was not demonstrated to be medically necessary for the treatment of the patient for a lumbar sprain/strain. There is no rationale supported by objective evidence to support the medical necessity of the requested flexion/extension views of the lumbar spine. The requested x-ray was inconsistent with the recommendations of the CA MTUS and the ACOEM Guidelines, and the Official Disability Guidelines based on the documentation the patient in relation to the effects of the industrial injury. There are no objective findings documented to support the medical necessity of the requested lumbar spine x-ray series with flexion/extension views. There were no objective findings consistent with the recommended criteria for the authorization of lumbar spine x-rays. The x-rays to the lumbar spine are not demonstrated to be medically necessary for the treatment of the effects of the industrial injury. The patient is noted to have previously obtained x-rays of the lumbar spine. There are no documented changes in clinical status to suggest that repeated x-rays of the lumbar spine medically necessary. Prior imaging studies are documented in the AME evaluation. There are no AME recommendations for any repeated x-ray studies of the lumbar spine. The requested lumbar spine flexion/extension x-rays of the lumbar spine are not medically necessary.

Facet Block at L5-S1 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300-309, 174-75, 187. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter; Facet Joint Blocks and Injections; MBB (median branch blocks)

Decision rationale: The request for the lumbar spine MMB or facet blocks to lumbar spine L5-S1 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine based on a MRI. There is no pain documented with extension and rotation. There is no evidence that facet arthropathy is the pain generator 21 months after the DOI for a 29-year-old patient. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There is no demonstrated medical necessity for median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS state, facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the

ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested lumbar spine L5-S1 medial branch block/facet blocks. Therefore, this request is not medically necessary.