

<b>Case Number:</b>	CM14-0179943		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/28/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational 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:

40 year old male construction worker injured his lower and mid back at work on 28 Mar 2012. He was initially diagnosed with lumbosacral strain and thoracic spine strain, then this was modified to include Lumbar Degenerative Disc Disease L4-5, L5-S1. Co-morbid conditions include: morbid obesity (BMI 42.74), asthma. Presently he complains of bilateral 5/10 low back pain (left greater than right) radiating into left foot and left buttock associated with numbness in posterior left thigh and left knee and low back stiffness. The pain will frequently wake him from sleep. The pain medications give a 40% relief in pain. Exam in July 2014 showed lumbar range of motion painful and with decreased flexion extension, lateral flexion (left and right) and full rotation. Straight leg raise was positive on the right at 60 degrees. Deep tendon reflexes were normal at the knees and decreased in the left ankle. There was mild weakness of right extensor hallucis longus and numbness in right calf and foot. Initial X-rays of the lower back (May 2012) showed degenerative disc changes at L4-5 and L5-S1. Lumbar MRI (May 2012 and Sep 2013) showed moderate broad-based central disc protrusion at L4-5 with severe foraminal narrowing and L5 nerve root compression, also showed L5-S1 disc bulge touching S1 nerve roots bilaterally. Lumbar MRI (post op) on 27 Nov 2013 showed new disc protrusions at L4-5 and L5-S1. Treatment has included lumbar spine surgery (decompression L4-5 on 24 Sep 2013), physical therapy (gave only mild relief), heating pads, cane, lumbar epidural steroid injections (not helpful) and medication (Flexeril, Vicodin, Zanaflex, Toradol, Gabapentin, Norco, Ibuprofen, Percocet, Senna, Colace, Lidocaine Patch, Excedrin Extra-strength, Meloxicam, Zofran, Clonidine and Trazodone (improved pain control and sleep)). Present medications are Percocet, Norco, Meloxicam, Lidocaine patch and Trazodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of acupuncture:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 1,4.

**Decision rationale:** Acupuncture is a technique to control and improve pain control in patients with acute and chronic pain. It is thought to allow or cause endorphin release that subsequently causes pain relief, reduction of inflammation, analgesia, increased blood circulation and muscle relaxation. The MTUS guidelines for initial use of this treatment are 3-6 treatments up to 3 times per week for 1-2 months. It makes sense to first ensure its effectiveness before committing to a longer term of therapy. A 2 week trial is most commonly accepted for this purpose. It should be remembered that continued use of this therapeutic modality requires documentation of functional improvement from this therapy. [Note: functional improvement is defined by the MTUS as "clinically significant improvement in activities of daily living or a reduction in work restrictions."] Use of this therapeutic modality is presently indicated in this patient and a trial with 3 sessions per week for 2 weeks would optimize the chance for this treatment to be effective for this patient.

**One prescription of Trazodone 50 mg # 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Page(s): 13-15. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Systematic Review of Antidepressants in the Treatment of Chronic Low Back Pain, Staiger TO, et al, Spine 2003;28:2540-2545

**Decision rationale:** Trazodone is a tetracyclic antidepressant medication indicated for treatment of anxiety, depression and insomnia but which has also been shown effective for treatment of fibromyalgia, complex regional pain syndrome and chronic neuropathic pain. The MTUS describes use of antidepressants as an optional first line treatment for neuropathic pain with or without signs or symptoms of depression. This patient has been given a trial of this medication and its use did allow improvement in control of the patient's overall pain and his sleep. Thus this therapy should be continued.