

<b>Case Number:</b>	CM14-0184646		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 24 sessions of physical therapy; 24 sessions of acupuncture; 12 sessions of manipulative therapy through June 4, 2014, per the claims administrator; and adjuvant medications. In a Utilization Review Report dated October 14, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection, Norflex, Protonix, and Neurontin. The claims administrator did, however, approved request for Norco and tramadol. The applicant's attorney subsequently appealed. In a progress note dated June 26, 2014, the applicant reported ongoing complaints of low back pain. The applicant was reportedly clear to return to regular duty work, it was acknowledged. The applicant was now performing heavier lifting tasks, it was further noted. The applicant had a past medical history notable for myofascial pain syndrome, gastroesophageal reflux disease, and a gastric bypass. The applicant's medication list included lidocaine, Flexeril, Norco, Neurontin, Protonix, tramadol, Keppra, and Nexium, it was acknowledged. Six sessions of physical therapy and SI joint injection therapy were sought. In a September 17, 2014 progress note, the applicant reported ongoing complaints of low back into the left lower extremity with associated burning like sensations. The applicant was using tramadol, Flexeril, Neurontin, Norco, Protonix, Valium, Keppra, and Nexium, it was further noted. The applicant exhibited a mildly antalgic gait with a generally normal lower extremity neurologic exam also evident. An L4-L5 epidural steroid injection was sought. It was stated that the applicant had MRI imaging demonstrating foraminal stenosis and the applicant's radicular pain and numbness were consistent with said foraminal stenosis. Multiple medications were renewed. Epidural steroid injection therapy was sought. An

earlier lumbar MRI of September 3, 2014 was notable for severe right-sided facetogenic degenerative changes at L5-S1 with mild canal stenosis at L4-L5 with associated mild neuroforaminal narrowing. Moderate severe facet hypertrophy was noted at this level as well. On November 5, 2014, the applicant was again described as working regular duty work, despite ongoing complaints of low back pain radiating into the left lower extremity. The applicant exhibited a grossly normal neurologic exam. Grossly normal lower extremity neurologic exam, with the exception of positive straight leg raising. Epidural steroid injection therapy and aquatic therapy were again sought. The remainder of the file was surveyed. There was no concrete evidence on file to the effect that the applicant had had a prior epidural steroid injection. The applicant was again described as working regular duty on August 20, 2014. The applicant was using Neurontin, Flexeril, tramadol, Norco, Keppra, Prilosec, and Nexium, it was further noted. The applicant did have a past medical history notable for gastroesophageal reflux disease, it was stipulated. On September 17, 2014, it was incidentally noted that the applicant was receiving Protonix from one of the treating providers and receiving a second prescription for Nexium from another provider. It was stated that the applicant's ongoing usage of medications was ameliorating her overall level of function, producing appropriate analgesia, and facilitating the applicant's ability to work.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar ESI:** Overturned

**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 Steroid Injections Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, however, acknowledge that up to two diagnostic injections may be performed. In this case, the applicant has some [admittedly incomplete] evidence of radiculopathy at the L4-L5. The request in question does appear to represent a first-time request for lumbar epidural steroid injection therapy. A trial injection could potentially serve a potentially diagnostic (and therapeutic) role. Therefore, the request is medically necessary.

**Orphenadrine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 53.

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine are recommended with caution as a second-line option for short-term treatment of acute exacerbations of pain. In this case, the attending provider Request for Authorization (RFA) form dated October 7, 2014 stated that the applicant was being given prescription for Orphenadrine twice daily for a total of 60 tablets. Such long-term or scheduled usage of Orphenadrine is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

**Pantoprazole:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic and Functional Restoration Approach to Chroni.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Pantoprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone gastroesophageal reflux disease (GERD), reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not state why the applicant was employing Pantoprazole (Protonix) in conjunction with Nexium, a second proton pump inhibitor, apparently prescribed by another physician. No rationale for provision of two separate proton pump inhibitors was furnished here. Therefore, the request is not medically necessary.

**Gabapentin:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, ongoing usage of Gabapentin has generated appropriate levels of analgesia, the attending provider has posited, reduced the applicant's radicular pain complaints, and facilitated the applicant's return to and/or maintenance of regular duty work status. Continuing the same, on balance, was/is indicated. Therefore, the request is medically necessary.