

<b>Case Number:</b>	CM14-0036256		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/30/2006
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 Orthopedic Surgery 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 injured worker is a 41-year-old female who reported an injury on 11/30/2006. The mechanism of injury was not specifically stated. Current diagnoses include lumbago, thoracic/lumbosacral neuritis/radiculitis; pain in the thoracic spine; and muscle spasms. The injured worker was evaluated on 06/03/2014 with complaints of ongoing hip pain, lower leg pain, low back pain, and numbness and tingling in the right lower extremity. It is noted that the injured worker underwent a radiofrequency ablation in 2010. Current medications include Celebrex, Dilaudid, Exalgo ER, Phentermine, and Zanaflex. Physical examination on that date revealed no acute distress, minimal leg pain, and no new neurological deficits. Treatment recommendations at that time included continuation of the current medication regimen, and authorization for a radiofrequency ablation at L3, L4, and L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Dilaudid 4 mg since 07/2013, without any evidence of objective functional improvement. The injured worker continues to report persistent pain in the lower back, hip, and lower extremity. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

**Zanaflex 4mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. There was no documentation of palpable muscle spasm or spasticity upon physical examination. The injured worker has utilized Zanaflex 4 mg since 07/2013. Guidelines do not recommend long-term use of muscle relaxants. There is also no frequency listed in the current request. Therefore, the request is not medically necessary.

**phentermine 37.5mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 July 2014.

**Decision rationale:** According to the US National Library of Medicine, Phentermine is used for a limited period of time to speed weight loss in overweight patients who are exercising and eating a low-calorie diet. As per the documentation submitted, the injured worker does not maintain a diagnosis of obesity. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

**Radio frequency ablation at L3, L4, L5:** 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 ACOEM Chapter 12 Low Back Complaints  
Page(s): 301.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar-quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted for this review, the injured worker previously underwent a radiofrequency ablation. There is no documentation of objective functional improvement. There is also no mention of the completion of appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Based on the clinical information received, the request is not medically necessary.