

<b>Case Number:</b>	CM14-0038997		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/21/2009
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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:

Patient is a 53-year-old with date of injury July 29, 2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated March 7, 2014 lists subjective complaints as pain in the low back. She also claims intermittent pain down the leg with numbness and tingling. Patient has completed 12 sessions of aquatherapy to date. Objective findings: Examination of the lumbar spine revealed tenderness paraspinal muscles bilaterally. Patient had difficulty standing from a seated position and her gait was slow and guarded. She was unable to do Milgram testing or stand on toes or heels. Diagnosis: 1. Discogenic lumbar condition with negative MRI 2. Weight gain of 30 pounds 3. Elements of depression. Patient has a TENS (transcutaneous electrical nerve stimulation) unit which she states is working well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One low back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** According to the Low Back Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Therefore, the request for one back brace is not medically necessary or appropriate.

**One hot/cold pack:** Overturned

**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-Low Back- Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Cold packs.

**Decision rationale:** The patient is asking for a simple hot/cold pack which is recommended in the Official Disability Guidelines. According to the ODG, a hot/cold pack is recommended as an option for acute pain; at-home local applications of cold packs in first few days of acute complaint; thereafter, applications of heat packs or cold packs. The request for one hot/cold pack is medically necessary and appropriate.

**Neurontin 600 mg 180 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

**Decision rationale:** Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in his pain symptoms, with the recommended change being at least 30%. There is no documentation that there has been a change in the patient's symptoms with gabapentin or any functional improvement. The request for Neurontin 600 mg 180 count is not medically necessary or appropriate.

**Flexeril 7.5 mg 120 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of muscle relaxants. There are no muscle spasms documented on the physical exam. There is no documented functional improvement from any previous use in this patient. The Chronic Pain Medical Treatment Guidelines also state that muscle relaxants are no more effective than NSAID's (non-steroidal anti-inflammatory drugs) alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The request for Flexeril 7.5 mg 120 count is not medically necessary or appropriate.

**Tramadol ER 200 mg sixty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 113.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is no documentation of functional improvement supporting the continued long-term use of opioids. The request for Tramadol ER 200 mg sixty count is not medically necessary or appropriate.

**One possible injection:** Upheld

**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 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** The request is for a lumbar epidural steroid injection. According to the Chronic Pain Medical Treatment Guidelines, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical record fails to document the necessary criteria cited in the Chronic Pain Medical Treatment Guidelines for authorization of a lumbar epidural steroid injection. The request for one possible injection is not medically necessary or appropriate.