

<b>Case Number:</b>	CM14-0042547		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/16/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 16, 2012. Thus far, the injured worker has been treated with analgesic medications; attorney representation; adjuvant medications; earlier lumbar laminectomy surgery in 2012; and unspecified amounts of physical therapy over the course of the claim. Electrodiagnostic testing of September 18, 2013 was notable for an L5-S1 radiculopathy. In a medical-legal, evaluation of October 17, 2013, indicated that the injured worker was working with restrictions. The injured worker was using Norco, Neurontin, and Gabapentin. On March 10, 2014, his primary treating provider as working 32 hours a week described the injured worker. The injured worker was using Percocet, Neurontin, Soma, Cymbalta, and Baclofen. Multiple medications were refilled. It was stated that the injured worker never had acupuncture. A lumbar support was also ordered. It was stated that the injured worker had underwent a lumbar discectomy and laminectomy at L4-L5 on December 10, 2012. The injured worker did state that his pain level dropped 8/10 to 5/10 with medications and that he did have ongoing complaints of low back pain radiating to the left leg. It was stated that Trazodone was being introduced to help with issues with mood and sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Gabapentin 600mg, #180: 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 section Page(s): 19.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines states that patients using Gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function with the same. In this case, the attending provider has posited that ongoing usage of Gabapentin has diminished the employee's pain level from 8/10 to 5/10 and has facilitated the employee's returning to some form of work. Continuing Gabapentin, then, is indicated. Therefore, the request for prescription of Gabapentin 600 mg, #180 is medically necessary and appropriate.

**Prescription of Trazodone 50mg, #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** MTUS/ACOEM Guidelines in Chapter 15, page 402, state that antidepressants are helpful in alleviating symptoms such as depression as are reportedly present here. The request in question does represent a first time request for trazodone. Given the applicant's reported issues with mood disturbance and sleep derangement, the request for a prescription of Trazodone 50mg, #60 is medically necessary and appropriate.

**Prescription of Zanaflex 4mg, #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex/Tizanidine section Page(s): 66.

**Decision rationale:** The attending provider wrote on March 10, 2014, that Zanaflex is being introduced for the first time as the employee had discontinued baclofen and/or Soma on or around the same time. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as is present here. A trial of Zanaflex is indicated, for all of the stated reasons. Therefore, the request for a prescription of Zanaflex 4 mg, #90 is medically necessary and appropriate.

**1 Left L5 and S1 transforaminal epidural steroid 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 Epidural Steroid Injections topic Page(s): 46.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria of pursuit of epidural steroid injection therapy is that an applicant should have proven initially unresponsive to conservative treatment. In this case, however, the attending provider concurrently sought both epidural steroid injection therapy and a request for eight sessions of acupuncture, six of which were partially certified by the claims administrator. Thus, there was no evidence that the applicant's low back pain had, proven recalcitrant to conservative treatment such as acupuncture. Therefore, the request for one left L5 and S1 transforaminal epidural steroid injection is not medically necessary and appropriate.

**1 Lumbosacral Orthosis (LSO) back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 MTUS/ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the employee was outside of the acute phase of symptom relief following an industrial injury of November 16, 2012, on or around the date of the request, March 10, 2014. Provision of a lumbar support was not indicated as of that point in time. Therefore, the request for 1 Lumbosacral Orthosis (LSO) back brace is not medically necessary and appropriate.

**8 acupuncture sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request in question, per the treating provider, represented a first-time request for acupuncture. However, as noted in MTUS guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is three to six treatments. The request, as written, thus, is in excess of MTUS parameters. Therefore, the request for 8 acupuncture sessions is not medically necessary and appropriate.