

<b>Case Number:</b>	CM14-0071291		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Pain Management 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 male who sustained work-related injuries on July 16, 2009. His primary diagnoses based on his independent medical review application form are lumbar region post laminectomy syndrome and lumbosacral sprain and strain. There were no other pertinent clinical records wherein substantial clinical information that can be used in order to establish the medical necessity of the requested treatments. This is a review request regarding magnetic resonance imaging scan of the lumbar spine with contrast, surgical consultation for low back, Norflex extended release 10 milligrams #90, gabapentin 600 milligrams #60, Flexeril 7.5 milligrams #90, Naproxen 550 milligrams #90, ketamine 5% cream 60 grams, and Protonix 20 milligrams #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) Lumbar Spine With Contrast Quantity: 1:** Overturned

**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 CHAPTER REGARDING MAGNETIC RESONANCE IMAGING (MRI)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

**Decision rationale:** Evidence-based guidelines recommend a magnetic resonance imaging (MRI) scan for individuals with evidence of nerve compromise upon neurologic examination and individuals who failed to respond to treatment and would consider surgery if offered. In this case, the medical records indicate that the injured worker has failed to respond favorably to conservative treatment, medications, chiropractic therapy, physical therapy, and work restrictions. He has failed to return to regular duty work and symptoms persist. A review of progress reports available indicates that the findings of decreased sensation from the left L2 through S1 dermatomes and decreased muscle strength was present since December 19, 2013. These findings were not present in his progress reports from July 2013 through September 2013. Therefore, it can be concluded that the medical necessity of the requested magnetic resonance imaging (MRI) of the lumbar spine with contrast, quantity 1, is medically necessary.

**Surgical Consultation for Low BackQuantity: 1: 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 CHAPTER,"OFFICE VISITS, RECOMMENDED AS DETERMINED TO BE MEDICALLY NECESSARY. EVALUATION AND MANAGEMENT OUTPATIENT VISITS TO THE OFFICES OF MEDICAL DOCTOR(S) PLAY A CRITICAL ROLE IN TE PROPER DIAGNOSIS AND RETURN TO FUNCTION OF AN INJURED WORKER, AND THEY SHOULD BE ENCOURAGED.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** Evidence-based guidelines recommend that referral for a surgical consultation is indicated for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies with objective signs of neural compromise, activity limitations due to radiating leg pain for more than a month, clear diagnostic evidence that has been shown to benefit from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. In this case, the injured worker is not a surgical candidate and is not interested in undergoing surgery and spinal cord stimulation (SCS). There are no recent and clear diagnostic imaging studies that demonstrate progressive lumbar spine instability to warrant surgery. Therefore, it can be concluded that the medical necessity of the requested surgical consultation for the low back, quantity 1, is not medically necessary.

**Norflex ER 10mg #90Quantity:90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63.

**Decision rationale:** Evidence-based guidelines indicate that the use of muscle relaxants is recommended with caution as a second-line option for short-term treatment of acute

exacerbations in injured workers with chronic low back pain. In addition, the guidelines indicate that efficacy appears to diminish over time, and prolonged use of medications in this class may lead to dependence. A review of available medical records failed to provide documentation of any muscle spasms and complaints of any recent acute exacerbations of low back pain. Therefore, it can be concluded that the medical necessity of the requested Norflex extended release 10 mg #90, quantity 90, is not medically necessary. .

**Gabapentin 600mg #60Quantity:1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** Evidence-based guidelines indicate that this anti-epileptic drug is indicated for treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered a first-line treatment of neuropathic pain. The guidelines further recommend a three to eight weeks course of Gabapentin and without adequate pain control, the referenced guideline recommend switching to another drug. A review of all available medical records indicates that the injured worker has been on this medication since at least April 26, 2013. Neuropathy has not been established in this case since the injured worker's physical examination findings (straight leg raise test) are indicative of radiculopathy and not neuropathic pain. Therefore, it can be concluded that the medical necessity of the requested Gabapentin 600 mg #60, quantity 1, is not medically necessary.

**Flexeril 7.5mg #90Quantity: 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** Evidence-based guidelines indicate that Flexeril is recommended as a short course therapy to decrease muscle spasms. Flexeril is more effective than placebo in the management of back pain, although the effect is modest and come at the price of adverse effects. Flexeril is associated with the number needed to treat of 3 to 2 weeks for symptom improvement, with the greatest effect appearing to be in the first 4 days of treatment. The medical records provided for review indicate that the injured worker has been on this medication since at least October 18, 2013 with no evidence of applicable benefit. Therefore, it can be concluded that the medical necessity of the requested Flexeril 7.5 mg #90, quantity 90, is not medically necessary.

**Naproxen 550mg #90Quantity: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen and NSAIDs, specific drug list & adverse effects Page(s): 66, 73.

**Decision rationale:** Evidence-based guidelines recommend non-steroidal anti-inflammatory medications (NSAIDs) as a second-line treatment after acetaminophen for acute exacerbations of chronic low back pain. The guidelines note that it is reasonable to provide a 30-day trial of naproxen with further treatment to be considered on the documentation of symptomatic and functional benefit. However, the available medical records for review do not document functional improvement with chronic naproxen use. A review of available medical records indicates that the injured worker has been on this medication since at least April 26, 2013. The guidelines do not support the request for continued use of naproxen sodium in this case. Therefore, it can be concluded that the medical necessity of the requested naproxen 550 mg #90, quantity 1, is not medically necessary.

**Ketamine 5% Cream 60gmQuantity: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

**Decision rationale:** Evidence-based guidelines indicate that Ketamine is not recommended for treatment of chronic pain and that there are no quality studies that support the use of Ketamine in chronic pain. The referenced guideline also indicates that topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Neuropathy has not been established in this case since the injured worker's physical examination findings (straight leg raise test) are indicative of radiculopathy and not neuropathic pain. A review of available medical records indicates that the injured worker has been on this medication since at least April 26, 2013. This medication has also been previously denied last August 16, 2013. Therefore, it can be concluded that the medical necessity of the requested Ketamine 5% cream 60 gm, quantity 1, is not medically necessary.

**Protonix 20mg #60Quantity:1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES - PAIN CHAPTER PROTON PUMP INHIBITORS (PPI)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Evidence-based guidelines recommend the use of proton pump inhibitor (PPI) in injured workers with increased risk of gastrointestinal events. As per guidelines, long-term use has been shown to increase the risk of hip fracture. A review of the available medical records indicates that the injured worker has been on this medication since at least April 26, 2013 with no complaints of gastrointestinal-related adverse events. The recent progress notes have failed to establish the presence of dyspepsia, either non-steroidal anti-inflammatory drugs (NSAID)-induced or stand-alone. Further, since the request for naproxen is deemed not medically necessary, a proton pump inhibitor is not medically necessary for gastrointestinal protection. Therefore, it can be concluded that the medical necessity of the requested Protonix 20 mg #60, quantity 1, is not medically necessary at this time.