

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0078683 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 07/02/2004 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 05/14/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/29/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 37-year-old male with a reported date of injury on 07/02/2004. The mechanism of injury reportedly occurred while the patient was performing his duties as a construction worker. The injured worker presented with headaches rated at 5/10 and low back pain rated at 8/10. Upon physical examination, the lumbar spine revealed tenderness to palpation, guarding, and spasms. The lumbar range of motion revealed flexion to 50 degrees. The extension was to 15 degrees, and lateral bending to 15 degrees bilaterally. In addition, the sensory examination revealed decreased sensation at bilateral L4-5 and L5-S1 dermatomes and decreased sensation to light touch at the feet. The MRI of the lumbar spine performed on 03/22/2012 demonstrated a 3-4 mm midline disc bulge at L5-S1 disc level. The clinical information indicates the patient underwent a radiofrequency ablation; the results of which were not provided within the documentation available for review. The injured worker's diagnosis included lumbar radiculitis. The injured worker's medication regimen included Norco 10/325, cyclobenzaprine, Celebrex, and Robaxin. The Request for Authorization for MRI of the lumbar spine, x-ray of the lumbar spine with AP/lateral/flex/ext, pain management consultation, Norco 10/325 mg quantity 10, Celebrex 200 mg quantity 60, and Robaxin 750 mg quantity 30 was submitted on 05/22/2014. The rationale for the request was not provided within the documentation available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines recommend that unequivocal objective findings that define specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who did not respond to treatment and who would consider surgery an option. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false positive findings such as disc bulges, that are not a source of painful symptoms and do not warrant surgery. The clinical note dated 05/14/2014 indicates the injured worker complains of pain radiating to the knees, feet, ankles, and toes. The MRI of the lumbar spine dated 03/22/2012 demonstrated a 3-4 mm midline disc bulge at L5-S1, which would correlate with the pain radiating to the feet, ankles, and toes. There is a lack of documentation related to the previous conservative care. There is a lack of documentation related to the appearance of red flags or new signs and symptoms. Therefore, the request for MRI of the lumbar spine is not medically necessary.

**X-ray of the Lumbar Spine with AP/Lat/Flex/Ext:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Guidelines indicate that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. The clinical note dated 05/14/2014 indicates the injured worker complains of pain radiating to the knees, feet, ankles, and toes. The MRI of the lumbar spine dated 03/22/2012 demonstrated a 3 mm to 4 mm midline disc bulge at L5-S1, which would correlate with the pain radiating to the feet, ankles, and toes. There is a lack of documentation related to the previous conservative care. There is a lack of documentation related to the appearance of red flags or new signs and symptoms. Therefore, the request for x-ray of the lumbar spine with AP/lateral/flex/ext is not medically necessary.

**Pain Management Consultation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the General Use of Multidisciplinary Pain Management Programs, page(s) 31.

**Decision rationale:** The California MTUS Guidelines state that criteria for the general use of multidisciplinary pain management programs would include an adequate and thorough evaluation has been made, including baseline functional testing to follow-up with functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently, resulting in further chronic pain; the patient is not a candidate for a surgery or other treatments would clearly be warranted; the patient exhibits motivation to change and is willing to forgo secondary gains, including disability payments, to affect this change. The clinical documentation provided for review lacks documentation related to previous conservative care to include physical therapy. There is a lack of documentation related to previous methods of treating the chronic pain, which have been unsuccessful. In addition, there is a lack of documentation that the injured worker has a significant loss of ability to function independently resulting from the chronic pain. Therefore, the request for a pain management consultation is not medically necessary.

**Norco 10/325mg Qty 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page(s) 78 Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker has utilized Norco prior to 01/2014. There is a lack of documentation related to the ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg quantity 10 is not medically necessary.

**Celebrex 200mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines NSAIDs (non-steroidal Chronic anti-inflammatory drugs), page(s) 67 Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for chronic low back pain as an option for short-term symptomatic relief. According to the clinical documentation provided for review, the injured worker has utilized Celebrex prior to 01/2014. There is a lack of documentation in the therapeutic and functional benefit in the ongoing use of Celebrex. In addition, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The request as submitted failed to provide for frequency and directions for use. Therefore, the request for Celebrex 200 mg quantity 60 is not medically necessary.

**Robaxin 750mg Qty 30:** 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 Antispasmodics, page(s) 64-65 Page(s): 64-65.

**Decision rationale:** The California MTUS Guidelines indicate that antispasmodics are used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are also used for the treatment of musculoskeletal conditions, whether spasm is present or not. In addition, the guidelines state that the mechanism of action for Robaxin is unknown, but appears to be related to central nervous system depression effects with related sedative properties. According to the documentation provided for review, the injured worker has utilized Robaxin prior to 01/2014. There is a lack of documentation related to the therapeutic and functional benefit and the ongoing use of Robaxin. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Robaxin 750 mg is not medically necessary.