

<b>Case Number:</b>	CM14-0090856		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/18/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 61 year old male who had a work related injury on 04/18/07. There is no clinical documentation of mechanism of injury. He was treated for chronic low back symptoms patient had TENS unit, electrical stimulation, physical therapy, epidural steroid injections, facet blocks, and medium branch blocks latest on 06/27/14 and it was bilateral at L3, L4, L5, and S1. MRI of the lumbar spine dated 09/27/11 multiple multilevel disc bulges and facet hypertrophy causing neural foraminal narrowing which was mild to moderate from L3-4 to L5-S1 most prominent L4-5 bilaterally. There was compression of L4 exiting nerve root bilaterally neural central canal narrowing. He continued to complain of pain in the lumbar spine radiating down bilateral lower extremities with intermittent numbness and tingling sensation affecting both legs. He noted having subjective weakness of both legs but denied any falls. He noted that out of acupuncture, chiropractic care, and physical therapy the acupuncture was the most beneficial and would like to have an additional acupuncture to help with pain management. He took anti-inflammatories in the past and had relief with medication but noted problems with gastritis type symptoms. He was currently managed without narcotic medication he currently was not working. He was doing home exercise program a couple of days a week. Physical examination there was decreased flexion, extension to bilateral bending by 10% of normal of his lumbar spine. Tenderness in bilateral iliotibial iliolumbar ligaments. There were muscle spasms in bilateral lumbosacral paraspinal muscles with trigger points. Decreased light touch sensation in the dorsal aspect of bilateral feet. Reflexes were decreased in bilateral ankles. Normal reflexes in bilateral knees. There was decreased strength with bilateral dorsiflexion bilateral EHL muscles. Normal strength in bilateral lower extremities knee flexors and extensors. Positive bilateral straight leg raise at 40 degrees. Diagnosis bilateral lumbosacral spine strain and radiculopathy. Myofascial pain. Left knee pain status post surgery for the knee. Previous

utilization review on 06/10/14 Neurontin and Flexeril were non-certified, but the medial branch blocks at L3,4,5,S1 bilaterally were modified to just one side. The injured worker had that done on 06/27/14, although there was no documentation follow up how he responded to the injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Neurontin 600 mg.: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin cannot be recommended as medically necessary.

#### **1 prescription of Flexeril 7.5 mg.: 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 8 C.C.R. 9792.20 - 9792.26 Cyclobenzaprine (Flexeril) Page(s): 41 of 127.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

#### **1 bilateral medial branch block at L3, L4, L5 and S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Page: 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back- Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. The injured worker had bilateral medial branch block at L3, L4, L5 and S1 done on 06/27/14, there was no documentation follow up how he responded to the injections. As such, medical necessity has not been established.