

<b>Case Number:</b>	CM14-0188104		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/30/2002
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Family Practice and is licensed to practice in New York. 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 53 year old man with a date of injury of 9/30/02. He was seen by his provider on 10/24/14 with complaints of back pain radiating to his left leg. His pain was said to be improved with medications and he denied side effects. His exam showed restriction and pain with lumbar range of motion. He had negative straight leg raises and positive Patrick and Reverse Thomas tests on the left. His lower extremity reflexes were 2+ and sensation and motor strength were normal. He was non-tender to palpation. His diagnoses were lumbar radiculopathy and lumbosacral spondylosis without myelopathy. At issue in this review is the request for a lumbar MRI, orthopedic mattress, consultation with an orthopedic surgeon and medications - tramadol, gabapentin and xanax.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. 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): 287-310.

**Decision rationale:** This injured worker has chronic back pain with lumbar radiculopathy. Per the guidelines, an MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, his exam is essentially unremarkable with no red flags. The note does not document the utility of the MRI nor the need with no physical exam red flags. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically substantiated.

**Tramadol HCL 50mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

**Decision rationale:** Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify ongoing use. The tramadol is denied as not medically substantiated.

**Gabapentin 300mg quantity 90 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** This injured worker has chronic back pain with lumbar radiculopathy. Per the guidelines, Gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects to justify use. The medical necessity of Gabapentin is not substantiated in the records.

**Xanax 0.5mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Alprazolam (Xanax), Benzodiazepines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** This injured worker has chronic back pain with lumbar radiculopathy. Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant and tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this injured worker, Xanax is prescribed for "anxiety" and the records do not document a detailed discussion of rationale, efficacy goals, or potential side effects. The medical necessity of Xanax is not substantiated in the records.

**Orthopedic mattress:** 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), Mattress selection

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: Subacute and chronic low back pain: Pharmacologic and noninterventional treatment

**Decision rationale:** This injured worker has chronic back pain with lumbar radiculopathy. Studies have shown that mattress firmness can be related to pain related disability and that a medium-firm mattress may be the preferred based upon a European randomized trial. Another randomized study looking at back conforming mattresses (waterbed and foam) with firm mattress showed less pain and improved sleep for the conforming mattresses. The records do not address level of mattress firmness. The worker's pain is being addressed through medications and other treatment modalities. The records do not support the medical necessity of an orthopedic mattress.

**Consultation with orthopedic surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

**Decision rationale:** This injured worker has chronic back pain with lumbar radiculopathy. There are no red flag symptoms or signs on physical exam which would be indications for immediate referral. Surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other

modalities of conservative therapy could be trialed prior to surgical referral and the medical records do not support the medical necessity of consult with an orthopedic surgeon.