

<b>Case Number:</b>	CM14-0202921		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Rehab, has a subspecialty in Interventional Spine 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 patient is a 41-year-old male with a date of injury of 02/25/2008. This patient is status post cervical fusion at C3 to C4 on 05/14/2014. According to progress report dated 11/12/2014, the patient presents with neck pain and back pain with stiffness and numbness in the right leg. The back pain extends down to the leg, into the anterolateral calf, onto the dorsum of the foot, and is associated with numbness and paresthesias. The patient continues to take medications such as gabapentin and Norco which only provide temporary relief. Examination of the lumbar spine revealed positive straight leg raise at 80 degrees in the sitting position. It was noted there is no focal sensory or motor deficit in the right leg or foot. MRI scan of the lumbar spine dated 02/06/2014 revealed mild degenerative joint alteration at L4 to L5 and L5 to S1. There is no evidence of nerve root impingement. The listed diagnoses are: 1. Bilateral impingement syndrome. 2. Left-sided facet capsular tears at C3 to C4 and C4 to C5. 3. Local entrapment neuropathy of his upper extremities. 4. Left shoulder MRI on 04/15/2008 which showed limited study due to artifact. 5. Right carpal tunnel release, left carpal tunnel release. 6. Status post cervical intervention for left shoulder. The treating physician states that the patient has right lumbar radiculopathy in the L5 distribution and a repeat MRI of the lumbar spine is indicated to "rule out onset of disk herniation or stenosis since the last study was obtained." Treatment plan also includes refill of medications which includes Naprosyn 500 mg, Norco 10/325 mg, Topamax 50 mg, Cymbalta 30 mg, and Neurontin 600 mg. The patient is temporarily totally disabled until next appointment for reassessment. The patient was instructed to follow up in 1 month for further evaluation and subsequent care. Treatment reports from 01/24/2014 through 12/12/2014 were provided 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:** 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 Procedure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

**Decision rationale:** This patient presents with neck and low back pain. The current request is for MRI of the lumbar spine. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, Official Disability Guidelines provides a thorough discussion. Official Disability Guidelines under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Official Disability Guidelines goes on to state, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." Review of the medical file indicates that the patient underwent an MRI of the lumbar spine on 02/06/2014, which revealed mild degenerative joint alteration at L4 to L5 and L5 to S1 with no evidence of nerve root impingement. Since then, review of the progress reports indicates the patient continues with low back pain and right leg numbness and pain. There is no new injury, no significant change in examination finding, no bowel/bladder symptoms, and no new location of symptoms that would require additional investigation. The requested repeat MRI of the lumbar spine is not medically necessary.

**Naprosyn 500 mg, sixty count with four refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; medication for chronic pain Page(s): 22; 60.

**Decision rationale:** This patient presents with continued neck and low back pain. The current request is for Naprosyn 500 mg #60 count with 4 refills. Regarding NSAIDs, the MTUS Guidelines page 22 supports its use for chronic low back pain, at least for short-term relief. It is also supported for other chronic pain conditions. Review of the medical file indicates the patient has been utilizing Naprosyn since 05/01/2014. In this case, review of progress reports does not

provide documentation of functional benefit or pain reduction from using Naproxen. MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. Furthermore, this patient presents on a monthly basis for follow-ups, and it is unclear why multiple refills are being prescribed. The requested Naprosyn 500 mg #60 with 4 refills is not medically necessary.

**Norco 10/325 mg, 180 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication For Chronic Pain; Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

**Decision rationale:** This patient presents with continued neck and low back pain. The current request is for Norco 10/325 mg #180 count. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been utilizing Norco since 05/01/2014. In reviewing the progress reports, the treating physician has provided a pain scale to denote patient's current pain. However, recommended for further use cannot be supported as there are no discussions of specific functional improvement or changes in ADL with taking long term opioid. There are no urine drug screens provided and no discussion regarding adverse side effects. The medical file provided for review includes no documentation of this medication's efficacy and recommendation for further use cannot be supported. The requested Norco is not medically necessary.

**Topamax 50 mg, sixty count with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topamax; Antiepilepsy drugs (AEDs); medication for chronic pain Page(s): 16-17; 21; 60.

**Decision rationale:** This patient presents with continued neck and low back pain. The current request is for Topamax 50mg 60 counts with 3 refills. According to MTUS Guidelines page 21, "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication

for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy."Review of the medical file indicates the patient has been utilizing Topamax since at least 05/01/2014. The patient presents with neck and low back pain that radiates into the extremities. This patient meets the criteria for Topamax, as he presents with radicular symptoms. However, recommendation for further use cannot be made as the treating physician has not provided any discussion regarding this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Topamax is not medically necessary. In addition, the patient presents on a monthly basis for follow-up, and it is unclear why multiple refills are being requested. The requested Topamax is not medically necessary.

**Cymbalta 30 mg, thirty count with four refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs); medication for chronic pain.

**Decision rationale:** This patient presents with continued neck and low back pain. The current request is for Cymbalta 30 mg #30 count with 4 refills. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as first-line option for diabetic neuropathy." Review of the medical file indicates the patient has been utilizing Cymbalta since at least 05/01/2014. The patient presents with radicular symptoms and meets the criteria for Cymbalta. However, recommendation for further use cannot be supported as there is no discussion regarding this medication's efficacy. MTUS page 60 requires recording of pain and functional changes when medications are used for chronic pain. In addition, the patient presents on a monthly basis for follow-up, and it is unclear why 4 additional refills are being prescribed. Additional refills are not indicated until there is adequate documentation of this medication's efficacy. The requested Cymbalta is not medically necessary.

**Neurontin 600 mg, 270 count with four refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin); medication for chronic pain Page(s): 18-19; 60.

**Decision rationale:** This patient presents with continued neck and low back pain. The current request is for Neurontin 600 mg #270 count with 4 refills. The MTUS Guidelines pages 18 and 19 have the following regarding Neurontin (gabapentin), "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain."Review of the medical file indicates the

patient has been utilizing Neurontin since at least 05/01/2014. The patient presents with neck and low back pain that radiates into the extremities. This patient meets the criteria for using Neurontin, as he presents with radicular symptoms. However, recommendation for further use cannot be made as the treating physician has not provided any discussion regarding this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding this medication's efficacy, the requested Neurontin is not medically necessary.