

Case Number:	CM15-0142589		
Date Assigned:	08/03/2015	Date of Injury:	02/08/2010
Decision Date:	09/15/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 (IW) is a 44-year-old female who sustained an industrial injury on 02-08-2010 due to a fall. Diagnoses include degeneration of lumbosacral intervertebral disc; degeneration of lumbar intervertebral disc; lumbosacral radiculitis; and congenital spondylolysis of the lumbosacral region. Treatment to date has included medications, facet nerve rhizotomies and trigger point injections. Nerve rhizotomies at L3 to S1 on 5-16-2013 relieved her back pain by more than 75% for approximately six-and-a-half months. According to the progress notes dated 6-10-2015, the IW reported intermittent bilateral low back pain radiating to the bilateral lower extremities without numbness or tingling. Associated symptoms were low back stiffness and spasms. On examination, her gait and posture were normal. There was tenderness noted over the lumbosacral paraspinal muscles and trigger points noted over the lower paraspinals. No spasms were present and range of motion was normal. ROM and motor strength was normal in the bilateral lower extremities. Medications were Baclofen, Nabumetone, Gabapentin and Hydrocodone. A request was made for her usual medications: Baclofen 10 mg, #90, Nabumetone 500 mg, #60 and Gabapentin 600 mg, #30; and lumbar x-rays with flexion and extension views to assess the progression of the IW's facet disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg #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 Page(s): 63-65.

Decision rationale: MTUS Guidelines do not recommend the chronic daily use of muscle relaxants for the spine. If they are highly effective, the Guidelines allow for short term use during distinct flare-ups, but that is not how it is being prescribed or recommended. There are no unusual circumstances to justify an exception to Guidelines. The Baclofen 10mg #60 is not supported by Guidelines and is not medically necessary.

Nabumetone 500mg #60: 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 NSAIDs Page(s): 67-70.

Decision rationale: MTUS Guidelines do not support the chronic long term use of NSAID medications for chronic spinal pain. The Guidelines point out that the evidence shows no improvements in long term pain associated with their use. If there is reported to be short term benefits it may be reasonable to utilize short term for distinct flare-ups, but chronic daily use is not supported. This recommendation is supported by recent data which confirms the cardiovascular risks associated with all NSAID use. The Nabumetone 500mg #60 is not supported by guidelines and is not medically necessary.

Gabapentin 600mg #30: Overturned

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 Anit-epilepsy Medications Page(s): 18, 19.

Decision rationale: MTUS Guidelines supports the use of Gabapentin for neuropathic pain. Even though most of the pain is considered to be axial (facet), neuropathic characteristics are described with throbbing and shooting down the legs. It is not uncommon for chronic pain to take on both nociceptive and neuropathic characteristics. The Gabapentin is reported to provide meaningful pain relief and is supported by Guidelines under these circumstances. The Gabapentin 600mg #30 is medically necessary.

Lumbar x-rays with flexion/extension views: Upheld

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

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/Facet Joint pain signs/symptoms.

Decision rationale: ODG Guidelines do not address this request. ODG Guidelines directly address this request and do not support it. The Guidelines state that radiographical findings have no correlation with facet signs and symptoms and it is essentially a clinical diagnosis. The request to evaluate for progression of facet disease is not supported by Guidelines and the provider provides no rationale on how this would affect treatment and exposure to radiation should minimized whenever possible. Under these circumstances, the lumbar x-rays with flexion/extension views is not supported by Guidelines and is not medically necessary.