

<b>Case Number:</b>	CM15-0162978		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	03/05/2008
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 is a 60 year old female who sustained an industrial injury on 3-5-08. The injured worker was diagnosed as having lumbar spine pain, radiculopathy and failed back syndrome lumbar. Currently, the injured worker reported low back pain. Previous treatments included status post 2 spine surgeries, medication management, nerve blocks, epidural steroids, TNS unit, physical therapy, traction, acupuncture treatment, chiropractic treatments, and psychologist treatment. Previous diagnostic studies included a magnetic resonance imaging of the lumbar spine, electromyography, and nerve conduction velocity study. Work status was noted as permanent and stationary. The injured workers pain level was noted as 8 out of 10. Physical examination was notable for no new neurological complaints, radiating leg pain and numbness, left sided pain at L3-S1, pain palpated over the lumbar intervertebral spaces, antalgic gait, anterior lumbar flexion causes pain. The plan of care was for a magnetic resonance imaging of the lumbar spine without contrast, Norco 10-325 milligrams quantity of 90 and Neurontin 300 milligrams quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI, lumbar spine without contrast:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guide guidelines, Low Back Chapter, MRI Topic.

**Decision rationale:** MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered 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. Documentation fails to show objective clinical evidence of specific nerve compromise or acute exacerbation of the injured worker's symptoms. There is lack of Physician report indicating new injury, significant change in symptoms or red flags to require an updated magnetic resonance imaging. The request for MRI, lumbar spine without contrast is not medically necessary per MTUS.

**Norco 10/325 mg #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 Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate objective evidence of adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. The request for Norco 10/325 mg #90 is not medically necessary by MTUS.

**Neurontin 300 mg #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 Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker complains of chronic low back pain. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Neurontin. The request for Neurontin 300 mg #90 is not medically necessary by MTUS.