

<b>Case Number:</b>	CM15-0166147		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	10/04/2004
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, Michigan

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 is a 50 year old female, who sustained an industrial injury on 10-4-04. The diagnoses have included lumbar post laminectomy syndrome, lumbosacral radiculitis and lumbar disc degeneration. Treatment to date has included medications, surgery, spinal cord stimulator, sacroiliac joint block and other modalities. Currently, as per the physician progress note dated 7-13-15, the injured worker complains of low back pain radiating to the right lower extremity (RLE) that is aching and throbbing rated 2 out of 10 on pain scale with medications and associated symptoms of headaches and cramps. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 6-22-15 that reveals post-operative features at L4-5 and L5-S1. The current pain medications included Flexeril, Gabapentin, Hydrocodone-APAP, Ibuprofen, Lidoderm patches and Skelaxin. The objective findings-physical exam reveals tenderness in the paravertebral muscles of the lumbar spine, tenderness at the right sciatic notch and posterior right thigh over the course of the sciatic nerve, there is muscle hypertonicity in the lumbar spine and tenderness across the sacrum. There is decreased range of motion of the lumbar spine with flexion 30 degrees, extension 5 degrees, left and right lateral flexion is 10 degrees, and left and right rotation is 5 degrees. The maneuvers were accompanied by pain. The injured worker complains of tingling over the left foot. The physician requested treatment included Magnetic Resonance Imaging (MRI) of the lumbar spine quantity of 1.00, Hydrocodone-APAP 10-325mg quantity of 1.00, Gabapentin 300mg quantity of 1.00, and Flexeril 10mg quantity of 1.00

## 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 Qty: 1.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that lumbar spine imaging should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However it may be appropriate when the physician believes it would aid in patient management. Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion and should be reserved for cases in which surgery is considered or red-flag diagnoses are being considered. A review of the injured workers medical records that are available to me show that there has been an emergence of new symptoms suggesting neurological compromise. The injured worker is status post lumbar spine surgery. Therefore based on the injured workers clinical presentation and the guidelines the request for MRI Lumbar Spine is medically necessary at this time.

**Hydrocodone/APAP 10/325mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. On-going management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me did not reveal a clear quantity for the requested medication, without this

information it is not possible to determine medical necessity, therefore the request for Hydrocodone/APAP 10/325mg Qty: 1.00 is not medically necessary.

**Gabapentin 300mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**Decision rationale:** Per the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin is considered first line treatment for neuropathic pain. The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails.(Eisenberg, 2007) (Jensen, 2006) 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. A review of the injured workers medical records did not reveal documentation of improved pain and function with the use of gabapentin, the requested quantity is also not clear, without this information it is not possible to establish medical necessity, therefore the request for gabapentin is not medically necessary.

**Flexeril 10mg Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. However the request is not accompanied by a valid quantity, without this information it is not possible to establish medical necessity, therefore the request for Flexeril is not medically necessary.