

<b>Case Number:</b>	CM15-0184487		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/25/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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 55 year old female, who sustained an industrial injury on 10-25-12. She is diagnosed with left lumbosacral strain and myofascial pain. Her work status is currently modified duty. A note dated 7-29-15 reveals the injured worker presented with complaints of left low back pain with some radiation to the left buttock area. She reports muscle spasms and numbness in the left low back as well as decreased range of motion. A physical examination dated 7-29-15 revealed lumbar spine and left leg pain with numbness and tingling sensations affecting the left leg. There is decreased range of motion in the lumbar spine, tenderness, trigger points, and muscle spasms to the left "iliolumbar ligament and left lumbar spine paraspinal muscle". There is decreased sensation to light touch to the left lower back area. Treatment to date has included anti-inflammatory medications (cause stomach upset), acupuncture (unknown therapeutic response), chiropractic care (unknown therapeutic response), epidural injections (provided relief per note dated 7-29-15), pain management, Rhizotomy (helped some per note dated 7-29-15) and physical therapy (proved difficult to engage in, per note dated 7-29-15). Diagnostic studies to date have included lumbar spine x-rays and MRI (2012). A request for authorization dated 7-31-15 for Voltaren XR 100 mg, Omeprazole 20 mg, Neurontin 600 mg, Flexeril 7.5 mg, EMG-NCS and lumbosacral brace all non-certified, per Utilization Review letter dated 8-21-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Voltaren XR 100mg:** 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker complains of chronic low back pain. Documentation demonstrates GI side effects with NSAID use and there is lack of evidence of significant objective improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for Voltaren XR 100mg is not medically necessary.

### **Omeprazole 20mg:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation demonstrates the injured worker has had GI side effects with NSAID use. With the request for Voltaren XR not having been approved, the request for ongoing use of Omeprazole is no longer indicated. The request for Omeprazole 20mg is not medically necessary per guidelines.

### **Neurontin 600mg:** Overturned

**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:** 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 low back pain with associated numbness and tingling sensation in the left leg. The recommendation to treat with Neurontin is clinically reasonable and appropriate. The request for Neurontin 600mg is medically necessary by MTUS.

**Flexeril 7.5mg:** Overturned

**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): Muscle relaxants (for pain).

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation indicates the injured worker chronic low back pain with objective findings of paraspinal paravertebral muscle spasm at the time of the requested service. The recommendation for the use of Flexeril for muscle spasm in this clinical scenario, is appropriate for short-term use and on as needed basis. The request for Flexeril 7.5mg is medically necessary per MTUS guidelines.

**EMG-NCS of bilateral lower extremities:** Upheld

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

**Decision rationale:** MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks, and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic low back pain. Physician report fails to indicate objective clinical findings of radiculopathy. In the absence of clinical evidence of radiculopathy, the medical necessity for EMG/ NCV testing has not been established. The request for EMG-NCS of bilateral lower extremities is not medically necessary by MTUS.

**Lumbosacral brace:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Lumbar supports.

**Decision rationale:** MTUS states that the use of Lumbar supports to treat low back pain has not been shown to have any lasting benefit beyond the acute phase of symptom relief. Per guidelines, lumbar supports may be recommended as an option for compression fractures and specific treatment of spondylolisthesis and documented instability. Long-term use of lumbar supports is not recommended. Chart documentation shows the injured worker complains of chronic low back pain and there is no report of acute exacerbation of symptoms to justify the use of a lumbar support. The request for Lumbosacral brace is not medically necessary.