

<b>Case Number:</b>	CM15-0191665		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	09/11/2002
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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 is a 68 year old male, who sustained an industrial injury on 9-11-2002. The injured worker was being treated for retrolisthesis, spinal stenosis, instability, radiculopathy, and sciatica. On 8-25-2015, the injured worker reported ongoing low back pain radiating to the left buttock with numbness, tingling, and weakness and giving way episodes. The numbness went into the thigh possibly in the L2 (lumbar 2) and L3 (lumbar 3) distribution. The physical exam (8-25-2015) revealed inability to toe and heel walk, inability to squat, and no listing of the back. On 5-28-2015, an MRI of the lumbar spine revealed bulging disc and neural foraminal narrowing at the L1-2 (lumbar 1-2) and L2-3 levels. Per the treating physician (8-25-2015 report), x-rays of the lumbar spine revealed retrolisthesis of L1 on L2 and L2 on L3 with foraminal narrowing at L1-2 and L2-3 levels. There was instability with flexion and extension. Surgeries to date have included lumbar fusion on 2004, removal of hardware in 2008, and an extension of fusion to L2-3. Treatment has included acupuncture, chiropractic therapy, transforaminal epidural steroid injection, and topical pain medication. The treatment plan included a laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L1-2. The requested treatments included a 5-day hospital stay, Soma 350 mg, Voltaren 100 mg, Neurontin 300 mg, and Lidoderm 5% patches. On 9-21-2015, the original utilization review non-certified a request for Lidoderm 5% patches qty: 240 and modified requests for a 5 day hospital stay, Soma 350 mg qty: 360, Voltaren 100 mg qty: 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: hospital stay (days) qty: 5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th Edition, 2015, Low Back, Hospital length of stay.

**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 - Lumbar & Thoracic (Acute & Chronic), Hospital length of stay (LOS).

**Decision rationale:** The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. For prospective management of cases, median is a better choice than mean (or average) because it represents the mid-point, at which half of the cases are less, and half are more. For Lumbar Fusion, anterior (icd 81.06 - Lumbar and lumbosacral fusion, anterior technique), Actual data -- median 3 days; mean 4.2 days (0.2); Best practice target (no complications) -- 3 days. The original reviewer modified the request to a hospital stay of 3 days to comply with the MTUS Guidelines. Associated surgical service: hospital stay (days) qty: 5 is not medically necessary.

**Soma 350 mg qty: 360:** 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): Carisoprodol (Soma).

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. The original reviewer modified the request to only a single month supply. Soma 350 mg qty: 360 is not medically necessary.

**Voltaren 100 mg qty: 120:** Upheld

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

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

**Decision rationale:** According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. The original reviewer modified the request to a single month supply. Voltaren 100 mg qty: 120 is not medically necessary.

**Neurontin 300 mg qty: 360:** 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The MTUS states that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit, the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. The original reviewer modified the request to a one month supply. Neurontin 300 mg qty: 360 is not medically necessary.

**Lidoderm 5% patches qty: 240:** 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): Lidoderm (lidocaine patch).

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain. Lidoderm 5% patches qty: 240 is not medically necessary.