

<b>Case Number:</b>	CM15-0211013		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	10/07/2010
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Anesthesiology

### 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 49 year old female with an industrial injury dated 10-07-2010. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic- lumbosacral neuritis unspecified, disorder of sacrum, lumbar spinal stenosis with neurogenic claudication, acquired spondylolisthesis and pain joint pelvis and thigh. According to the progress note dated 09-28-2015, the injured presented for greater than right radicular pain. The injured worker reported severe pain in lumbar radiating into the left calf and foot. The treating physician reported that the Magnetic Resonance Imaging (MRI) shows no impingement. Pain level score was not documented in report (09-28-2015) Medication includes Gabapentin (since at least May of 2015), Flexeril (since at least May of 2015), Naproxen (since at least May of 2015), Norco and Ambien. Objective findings ( 08-14-2015, 09-28-2015) revealed tenderness of left trap, weakness in the right biceps, left sacroiliac (SI) tenderness, and tenderness with left shear force testing, compression testing, flex-abd and ER stress, and Gaenslen's maneuver. Physical exam also revealed limited lumbar range of motion due to pain and stiffness, swelling of the left knee and tenderness to palpitation of left knee. Sensory exam revealed decreased sensation of left forearm and left first dorsal webspace. Treatment has included Magnetic Resonance Imaging (MRI) of lumbar spine dated 09-25-2015, prescribed medications, prior fusion attempt at L4-5, L5-S1 and periodic follow up visits. The utilization review dated 10-12- 2015, modified the request for Flexeril 10mg for a reduction by 10%, each week over a four week time frame (original : #90 with 6 refills), modified the request for Gabapentin 600mg #90 with no refill (original: with 6 refills), non-certified Naproxen 550mg #60 with 6 refills and non- certified CT scan of the lumbar spine without dye.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CT scan of the lumbar spine without dye:** Upheld

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

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

**Decision rationale:** According to the ACOEM guidelines, a computed tomography (CT) scan of the lumbar spine in patients with previous lumbar fusion is indicated IF plain films do not confirm a successful fusion. In this case, there is no documentation indicating that plain films were recently done and no specific indication from the provider on why a CT scan was medically necessary. In addition, the patient underwent a recent MRI of the lumbar spine on 9/25/2015. Medical necessity for the requested CT scan of the lumbar spine without dye has not been established. The requested CT scan is not medically necessary.

**Naproxen 550mg #60 with 6 refills:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.

**Gabapentin 600mg #90 with 6 refills:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) AEDs.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to his chronic low back condition. In this case, there is documentation of subjective and objective findings consistent with current neuropathic pain, however, the patient is to be evaluated by a Pain Management Specialist. There is no indication to continue this medication with the requested six refills until a treatment plan has been formulated. Medical necessity for Neurontin has not been established at this time. The requested medication is not medically necessary.

**Flexeril 10mg #90 with 6 refills:** Upheld

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

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

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of objective functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant has not been established. The requested medication is not medically necessary.