

<b>Case Number:</b>	CM15-0056164		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	09/09/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old male who reported an injury on 09/09/2014. The mechanism of injury was the injured worker stepped into a burned out stump and injured his left knee and low back. The documentation of 02/13/2015, revealed the injured worker was in the office for back pain and musculoskeletal pain. The diagnoses included degenerative joint disease and lumbar radiculopathy. The treatment plan included Norco for severe pain, ibuprofen for moderate pain, gabapentin 3 times a day for shooting pain, and baclofen 3 times a day for muscle spasms. The injured worker indicated the pain was aggravated by bending and climbing. The pain was relieved by rest. Associated symptoms included crepitus, decreased mobility, joint instability, joint tenderness, locking, nocturnal waking, nocturnal pain, popping, spasms, and tingling of the legs. The documentation indicated the injured worker was utilizing Norco 10/325 mg 1 every 6 hours as needed for pain, and Flexeril 10 mg 1 tablet 2 times a day as needed for muscle spasms. The physical examination of the lumbar spine revealed the muscle tone was normal. Spasms were absent. There was no mid line spinous or paraspinous tenderness. Lumbar range of motion was noted to be full and pain free. The medication Flexeril was noted to be changed to baclofen 20 mg, and the injured worker was given gabapentin 300 mg 1 capsule 3 times a day, and Norco 10/325 mg 1 tablet every 6 hours as needed for pain.

### 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 without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide documentation of the conservative care for the lumbar spine and the duration of conservative care. There was a lack of documentation of unequivocal objective findings related to specific nerve compromise on the neurologic examination. There was a lack of documentation of exceptional factors. Given the above, the request for an MRI of the lumbar spine without contrast is not medically necessary.

**Norco 10/325mg #112:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg, #112, is not medically necessary.

**Gabapentin 300mg #90 x 6 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of at least 30% to 50% decrease in pain, and documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 6 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 300 mg, #90 with 6 refills, is not medically necessary.

**Baclofen 20mg #90 x 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The documentation indicated the medication Flexeril was exchanged for baclofen. However, the efficacy of the medication was not provided and the rationale for the change was not provided. There were no muscle spasms upon physical examination. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for baclofen 20 mg, #90 with three refills, is not medically necessary.