

<b>Case Number:</b>	CM13-0038284		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	01/20/2004
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 female who reported an injury on 01/20/2004 secondary to an unknown mechanism of injury. The injured worker was evaluated on 10/21/2013 for persistent neck and low back pain. The exam noted tenderness along the cervical and lumbar paraspinal muscles bilaterally and an antalgic gait. The diagnoses include lumbar discogenic condition with radicular pain, numbness, tingling, and weakness, lateral epicondylitis, and degeneration of the hips status post hip replacement. The treatment plan included continued medication therapy and an MRI of the lumbar spine. The Request for Authorization dated 10/22/2013 was found in the documentation provided. The rationale for the request for MRI was to evaluate the level and extent of disc herniation, and the rationale for the low back brace was noted for support with activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE PRESCRIPTION OF TRAMADOL ER 150MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for one prescription of Tramadol ER 150mg #30 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review of documentation of pain relief,

functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate the frequency for the request. Therefore, based on the documentation provided, the request is non-certified.

**ONE PRESCRIPTION OF PRILOSEC 20MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for one prescription of Prilosec 20mg #60 is non-certified. The California MTUS Guidelines may recommend the use of proton pump inhibitors when the patient is at intermediate risk of gastrointestinal events and on NSAIDs. There is a lack of evidence if the injured worker is on NSAIDs, and there is no evidence in the documentation provided of a risk for gastrointestinal events. Furthermore, the frequency is not indicated in the request. Therefore, based on the documentation provided, the request is non-certified.

**ONE PRESCRIPTION OF GABAPENTIN 600MG #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation, citation not specified.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-22.

**Decision rationale:** The request for one prescription of gabapentin 600mg #90 is non-certified. The California MTUS Guidelines may recommend Gabapentin as a treatment for diabetic painful neuropathy, postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. There is a significant lack of evidence of the objective assessment of the injured worker's pain level and the efficacy of the medication. Furthermore, the request does not indicate the frequency of the request. Therefore, based on the documentation provided, the request is non-certified.

**ONE MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for ONE MAGNETIC RESONANCE IMAGING (MRI) OF THE LUMBAR SPINE is non-certified. The California MTUS/ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before

ordering an imaging study. Official Disability Guidelines further state repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. There is evidence of a prior MRI from 2007. The documentation provided shows no evidence of changes since the prior MRI or objective findings to indicate emergence of a red flag. There is also a lack of documentation indicating the injured worker's response to conservative therapy, such as physical therapy and medication. Therefore, based on the documentation provided, the request is non-certified.

**ONE LOW BACK BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The request for ONE LOW BACK BRACE is non-certified. The California MTUS Guidelines state lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker has had low back complaints since at least 2007. This timeframe exceeds the time to be considered in the acute phase. Therefore, based on the documentation provided, the request is non-certified.

**ONE MOTORIZED WHEELCHAIR:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation, citation not specified.

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

**Decision rationale:** The request for ONE MOTORIZED WHEELCHAIR is non-certified. The Official Disability Guidelines do not recommend powered mobility devices if the functional mobility deficit can be sufficiently resolved by a prescription of a cane or walker, or if the patient has sufficient upper extremity function to propel a manual wheelchair. The injured worker is currently using a cane to ambulate. There is a significant lack of clinical evidence of functional deficits to indicate the inability to continue the use of the cane or propel a manual wheelchair. Therefore, based on the documentation provided, the request is non-certified.

**ONE PRESCRIPTION OF GABAPENTIN 600MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation, citation not specified.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antiepilepsy Drugs, Page(s): 16-22.

**Decision rationale:** The request for ONE PRESCRIPTION OF GABAPENTIN 600MG #90 is non-certified. The California MTUS Guidelines may recommend Gabapentin as a treatment for diabetic painful neuropathy, postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. There is a significant lack of evidence of the objective

assessment of the injured worker's pain level and the efficacy of the medication. Furthermore, the request does not indicate the frequency of the request. Therefore, based on the documentation provided, the request is non-certified.

**ONE PRESCRIPTION OF TRAMADOL ER 50MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for ONE PRESCRIPTION OF TRAMADOL ER 50MG #120 is non-certified. The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug use behaviors, and side effects. Furthermore, the request does not indicate the frequency for the request. Therefore, based on the documentation provided, the request is non-certified.

**ONE PRESCRIPTION OF PRILOSEC 20MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 74-95.

**Decision rationale:** The request for one prescription of Prilosec 20mg #60 is non-certified. The California MTUS Guidelines may recommend the use of proton pump inhibitors when the patient is at intermediate risk of gastrointestinal events and on NSAIDs. There is a lack of evidence if the injured worker is on NSAIDs, and there is no evidence in the documentation provided of a risk for gastrointestinal events. Furthermore, the frequency is not indicated in the request. Therefore, based on the documentation provided, the request is non-certified.

**ONE PRESCRIPTION OF MEDROX PATCHES #20: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation, citation not specified.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for ONE PRESCRIPTION OF MEDROX PATCHES #20 is non-certified. The California MTUS Guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines further state any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Therefore, based on the documentation provided, the request is non-certified.