

<b>Case Number:</b>	CM14-0129981		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 50 year old with an injury date on 12/13/11. Patient complains of lower lumbar pain, numbness in left lower extremity, and left knee pain rated 6-8/10 with medications and 10/10 without medications per 7/8/14 report. Patient states that back pain increases with extension/standing, but is relieved when she leans forward per 7/8/14 report. Based on the 7/8/14 progress report provided by [REDACTED] the diagnoses are: 1. lumbar spine s/s with multilevel lumbar disc disease, disc protrusions, and neuroforaminal narrowing with grade I spondylolisthesis and facet arthropathy at L3-L4. 2. left lower extremity numbness 3. left knee internal derangement 4. history of right shoulder injury separate worker's compensation injury claim 5. depression due to chronic pain Exam on 7/8/14 showed "L-spine range of motion is severely limited especially at extension which is 0 degrees." [REDACTED] is requesting Campral 333mg 2 PO BID #180 with 1 refill. The utilization review determination being challenged is dated 7/18/14. [REDACTED] is the requesting provider, and he provided treatment reports from 6/30/14 to 9/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Campral 333mg 2 PO TID #180 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)-Mental Illness and Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation X Medlineplus

<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604028.html> Acamprosate Why is this medication prescribed? Acamprosate is used along with counseling and social support to help people who have stopped drinking large amounts of alcohol (alcoholism) to avoid drinking alcohol again. Drinking alcohol for a long time changes the way the brain works. Acamprosate works by helping the brains of people who have drunk large amounts of alcohol

**Decision rationale:** This patient presents with lower back pain with left knee pain and left leg numbness. The provider has asked for Campral 333mg 2 PO BID #180 with 1 refill on 7/8/14. Review of the reports show patient does not have any history of alcohol abuse. Guidelines regarding Acamprosate, Medline Plus states that it is used along with counseling and social support to help people who have stopped drinking large amounts of alcohol (alcoholism) to avoid drinking alcohol again. In this case, the patient does not have any documentation of alcohol abuse, or a history of taking medication for such a condition. The provider does not provide a specific discussion as to why this medication is being prescribed. The requested Campral 333mg 2 PO BID #180 with 1 refill would not be considered medically necessary at this time. Recommendation is for denial.