

<b>Case Number:</b>	CM14-0143451		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/19/1999
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 71-year-old male who reported an injury on 11/19/1999; while moving a gurney up a flight of stairs, he felt a pain to his back and left knee. The injured worker complained of lower back pain. The injured worker had diagnoses of Piriformis syndrome, pain in the lower leg, lower back pain, and spinal/lumbar degenerative disc disease. Past treatments included ice/heat, medications, and physical therapy. The medications included lidocaine 5%, Neurontin 400 mg, Nortriptyline, Protonix, Seroquel, Skelaxin, and tramadol. The physical examination dated 08/01/2014 of the lumbar spine revealed restricted range of motion with flexion limited at 70 degrees and extension limited at 15 degrees. On palpation of the paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point were noted bilaterally. No spinal process tenderness was noted. Lumbar facet loading was positive bilaterally. Straight leg raising test was negative. Ankle jerk is 2/4 on the right side and 0/4 to the left side. A twitch response was obtained along with radiating pain on palpation of the bilateral paravertebral muscles. The sensory examination revealed light touch sensation was decreased over the lateral foot and lateral calf on the left side. The treatment plan included medications, exercise daily, walking daily, continuous H wave for additional pain relief, return in 8 weeks. The request for authorization dated 09/10/14 was submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Radio Frequency Ablation at L3, L4, L5 and Sacral Alae, both sides: 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) Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

**Decision rationale:** The ACOEM guidelines state invasive techniques such as facet joint injections are of questionable merit. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit for injured workers presenting in the transitional phase between acute and chronic pain. The included medical documents lack evidence of the injured worker's initial unresponsiveness to conservative treatment, which would include exercises, physical methods, and medications. The guidelines note that facet injections may aid in the transitional phase from acute to chronic pain, however the injured worker is already in the chronic stage of her injury. As such, Lumbar Radio Frequency Ablation at L3, L4, L5 and Sacral Alae, both sides is not medically necessary.

**Lidoderm Ointment:** 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) Pain

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

**Decision rationale:** The request for Lidoderm Ointment is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental and primarily for neuropathic pain. The injured worker does not have a diagnosis or history of neuropathic pain. The request did not indicate the frequency, dosage, or duration. As such, Lidoderm Ointment is not medically necessary.

**Seroquel:** 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) Pain

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and Stress. Anti -psychic

**Decision rationale:** The California MTUS and ACOEM do not address this request. The Official Disability Guidelines do not recommend Seroquel as a first line treatment. Documentation was not evident that the injured worker needed an antipsychotic medication. The request did not address the frequency, duration, or dosage. As such, Seroquel is not medically necessary.

**Zanaflex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Robaxin Page(s): 64.

**Decision rationale:** The California MTUS indicate that Zanaflex is a centrally acting alpha 2 adrenergic agonist that is FDA approved for the management of spasticity with unlabeled use for lower back pain. 8 studies have demonstrated efficacy for lower back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and authors recommend it as a first line option to treat myofascial pain. The clinical notes indicated the injured worker does get relief from the Zanaflex and has spasms; The provider did not address the frequency, duration or dosage. As such, Zanaflex is not medically necessary.

**Trazodone:** 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) Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trazadone, Prozac, Fluoxetine Page(s): 107.

**Decision rationale:** The California MTUS guidelines indicate that SSRI's are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. SSRIs have not been shown to be effective for low back pain. The injured worker did not have diagnoses of depression. Trazodone is not recommended for chronic pain. The request did not have the frequency, duration or dosage. As such, Trazodone is not medically necessary.