

<b>Case Number:</b>	CM15-0046397		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/21/2001
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 41-year-old who has filed a claim for chronic low back and hand pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of December 21, 2001. In a utilization review report dated February 27, 2015, the claims administrator failed to approve a request for MRI imaging of the lumbar spine, Neurontin, and tizanidine. A February 17, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 6, 2014, the applicant reported ongoing complaints of low back pain, reportedly severe, 9/10. The applicant was status post gastric bypass surgery, it was incidentally noted. The applicant was on Neurontin, glucosamine, Elavil, Restoril, tizanidine, several topical compounds, it was acknowledged. The applicant was severely obese, standing 5 feet 6 inches tall and weighing 274 pounds. The applicant was placed off of work, on "disability," while Elavil, glucosamine-chondroitin, Neurontin, Naprosyn, Prilosec, tizanidine, and tramadol were renewed. On June 17, 2014 and on November 18, 2014, various medications were renewed, including Motrin, Elavil, Prilosec, tizanidine, and tramadol. Preprinted prescription forms and/or check boxes were employed, with little to no narrative commentary. On August 28, 2014, the applicant was again described as having ongoing complaints of low back pain. The applicant was using a walker to move about. The applicant was not working and had failed to return to work since September 2002. applicant's pain complaints were highly variable and ranged from 3/10 to 7/10. The applicant had undergone earlier failed lumbar fusion surgery in January 2014, it was acknowledged. The applicant was on Elavil, Neurontin, Naprosyn, Prilosec, tizanidine, melatonin, Norco, Tramadol, and topical compounds. The applicant was, once again, placed

off of work, on disability. The applicant was reportedly struggling with chronic pain and depressive issues. In an RFA form/prescription form on February 17, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using a back brace to move about. 4/10 to 6/10 pain complaints with medication versus 7/10 to 8/10 pain without medications were reported. The applicant was using Neurontin, Naprosyn, Elavil, tizanidine, tramadol, and topical compounded medications, it was acknowledged. The applicant was still having difficulty walking, it was acknowledged, although somewhat improved from previously. Multiple medications were renewed while the applicant was kept off of work on "disability." MRI imaging of the lumbar spine with contrast was proposed. The attending provider stated that the applicant needed a repeat MRI owing to progressive worsening lumbar radicular pain complaints. It was stated that, in all likelihood, the applicant would wind up reconsulting a neurosurgeon to consider further lumbar spine surgery.

### **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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** 1. Yes, the lumbar MRI is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, MRI imaging is recommended as a test of choice for applicants who have had prior back surgery. Here, the applicant has undergone previous lumbar spine surgery in January 2014. Said lumbar spine surgery was unsuccessful, the treating provider contended. The treating provider stipulated on February 17, 2015 that the applicant was intent on acting on the results of the proposed lumbar MRI and would, in fact, follow up with her neurosurgeon armed with the results of the same. It did appear, thus, that the applicant and/or attending provider were intent on acting on the results of the lumbar MRI in question and were intent on pursuing a surgical remedy based on the outcome of the same. Therefore, the request is medically necessary.

**Gabapentin 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

**Decision rationale:** 2. Conversely, the request for gabapentin, an anticonvulsant adjuvant medication, is not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin

should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, receiving both Workers' Compensation Indemnity benefits and Disability Insurance benefits as of the date of the request, February 17, 2015. Ongoing usage of gabapentin had failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol, it was acknowledged. The attending provider has failed to outline any meaningful or material improvements in function affected as a result of ongoing gabapentin usage (if any). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

**Tizanidine 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** 3. Finally, the request for tizanidine, an antispasmodic medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in management of spasticity but can be employed off label for low back pain, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, receiving both Disability and Workers' Compensation Indemnity benefits as of the date of the request, February 7, 2015. The applicant was having difficulty performing even basic activities of daily living such as standing or walking, it was acknowledged on that date. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.