

Case Number:	CM13-0031210		
Date Assigned:	12/04/2013	Date of Injury:	05/09/2008
Decision Date:	02/04/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, 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 physician 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 40 year-old male who reported an injury on 05/09/2008, mechanism of injury not stated. A clinical note dated 06/25/2013 signed by [REDACTED] reported the patient continued to have low back pain radiating to his left lower extremity. He was noted to be taking Neurontin at night which makes him very tired even after 2 weeks of usage, stating he has not been able to titrate and medication past 300 mg and continued to take Soma 350 mg twice a day, Tramadol twice a day, Zantac 150 mg twice a day. He reported a few days prior when he went to move his car from a side street to a driveway, both of his legs went out on him, stating he was feeling nothing in his legs and it caused him to crash the car into a fence. The patient reported having pain in his neck and upper extremity, but is more concerned about the lower extremity pain. On physical examination, he was noted to seem to have apparent symptom magnification in the form of diffuse generalized pain not being specific along any dermatomal pattern in the lower extremity. Examination noted tenderness of the paraspinal musculature and taught bands and muscle spasms greater on the left paralumbar region with trigger point activity and jump response noted. Range of motion was limited. Straight leg raise was positive on the left for low back pain. There was generalized sensitivity throughout the left lower extremity but no specific dermatomal pattern. On 08/22/2013, [REDACTED] reported the patient had undergone a lumbar epidural steroid injection on 08/12/2013 and reported only slight improvement for about 1 week before the pain returned to baseline. He reported at that time, low back pain with radiation of pain to the bilateral lower extremities with left greater than right numbness all the way to the toes and he reported since the epidural steroid injection he was also having increased tightness into the midback causing neck tightness and increasing tingling into the arms and down to the

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78-79.

Decision rationale: The patient is a 40-year-old male who reported an injury on 05/09/2008. He is reported to complain of ongoing low back pain with radiation of pain to his bilateral lower extremities, more so on the left with numbness and tingling. He is reported to have treated conservatively with trigger point injections, medications, and physical therapy, and a lumbar epidural steroid injection was reported to have been performed on 08/13/2013 which he reported gave him limited pain relief for approximately a week and then his pain returned to baseline. He reports that his medication helped the discomfort, but did nothing to eliminate the pain. He noted with pain medications, his pain was 6/10 and without medications his pain was 8/10. The patient is noted to have been taking Tramadol for an extended period of time. The California MTUS Guidelines state that there should be ongoing review and documentation of pain relief and notes that if there is no overall improvement in function that opioids should be discontinued. As the patient is noted to have been utilizing the Tramadol for an extended period of time and reports that it aides to ease the discomfort but does nothing to control the pain and there is no overall improvement in function with use of the medication, the continued use of Tramadol is not indicated per guidelines. Based on the above, the request for 1 prescription of Tramadol 50 mg #75 between 08/22/2013 and 11/23/2013 is non-certified.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-65.

Decision rationale: The patient is a 40 year-old male who reported an injury to his low back pain on 05/09/2008. He is reported to have treated conservatively with medications, trigger point injections, physical therapy, and epidural steroid injections without improvement. He is noted to be prescribed Tramadol and Soma for pain treatment and reported that his current medications help ease his discomfort but did not stop his pain and he stated with medications his pain was 6/10 and without medications it was 8/10. The California MTUS guidelines recommend the use of nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients of chronic low back pain and they do not recommend the use of Soma. As the patient is noted to have been taking the Soma on a routine basis for an extended period of time, and the guidelines do not recommend the use of Soma, the request for a

prescription refill of Soma does not meet guideline recommendations. Based on the above, the request for 1 prescription of Soma 350 mg #60 between 08/22/2013 and 11/23/2013 is non-certified.

1 Spinal Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The patient is a 40 year-old male who reported an injury on 05/09/2008. He is reported to complain of ongoing low back pain and is reported to have seen an orthopedic spinal surgeon in 06/2012 and at that time, the patient was not considered a spinal candidate. The patient is noted on physical examination to have tenderness over the paraspinal musculature with decreased range of motion, especially on flexion, positive straight leg raise bilaterally (left greater than right), and hypersensitivity along the L3, L4, and L5 dermatomal pattern. He is reported to have lumbar disc degeneration with facet hypertrophy and is noted to have undergone a recent lumbar epidural steroid injection which gave him limited improvement for approximately 1 week and then his pain returned to baseline. A request was made for a spinal surgeon consult. The California MTUS criteria states that referrals may be appropriate if the practitioner is uncomfortable with the line of inquiry, when treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The patient is noted to have been previously seen by an orthopedic spinal surgeon in 2012, who reported he was not a surgical candidate. There is no indication that the patient's symptoms have progressed or he has had changes documented by MRI making him a surgical candidate at this time, and as such, the need for a spinal surgery consult is not established. Based on the above, the request for 1 spinal surgery consult between 08/22/2013 and 11/23/2013 is non-certified.