

Case Number:	CM13-0035612		
Date Assigned:	12/13/2013	Date of Injury:	11/29/2003
Decision Date:	02/06/2014	UR Denial Date:	09/29/2013
Priority:	Standard	Application Received:	10/17/2013

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 Internal Medicine and is licensed to practice in Maryland and the District of Columbia. 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 claimant is a 35-year-old woman with a work-related injury dated 11/29/2003 leading to claims for her left knee, right knee, lumbar spine, bilateral hips, and abdomen, as well as a psychiatric claim. Her medical history includes lumbar surgery in 2008, complicated by bowel perforation and sepsis. Her revision surgery to her lumbar spine was done on November 20, 2012, following which she developed abdominal discomfort and incontinence. Her CT scan in February of 2013 showed moderate to severe right hydronephrosis, along with increased prevertebral soft tissue and calcific density in the prevertebral space that extends into the right of midline. A request was approved for a repeat CT scan of the abdomen and lab work to include complete blood count (CBC), comprehensive metabolic panel (CMP), C-reactive protein (CRP) and sedimentation rate (sed rate). A follow-up CT scan in July 2013 showed post-surgical changes in the lumbar region, with obstruction of distal and mid ureter, as well as splenomegaly. In addition, the CT scan also showed some mottled appearance of portions of the vertebral bodies in this region, which may be due to post-surgical change, and/or related to the reparative process. However, a superimposed inflammatory condition or infection cannot be excluded. On September 23, 2013 the claimant complained of pain in the abdomen during her office visit with the treating provider. Her spleen was enlarged to palpation. She had tenderness in the back. There was fluid in the right lower abdomen with a slightly tender surgical scar. The treatment plan included blood work - CBC, Sed rate, C-reactive protein, and CMP to evaluate for infectious process. Medications included Soma 350mg, Wellbutrin XL 300mg, and Duragesic Patch 25mcg. She was also reported to be taking Ativan bid, Flexeril, Morphine Sulfate IR and Lexapro 20mg bid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lab test: CBC: Overturned

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): 287.

Decision rationale: MTUS guidelines recommend evaluating for underlying serious medical condition when red flags are present with additional diagnostic studies. In this scenario, there is hydronephrosis present as well as post-surgical changes in lumbar area with a question of inflammation versus infection. Hence, a request for a follow up CBC meets the medical necessity.

Lab test: Sed rate: 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): 287.

Decision rationale: Even though MTUS guidelines recommend further diagnostic studies in the presence of red flags, there is no documentation about the results of the previous sedimentation rate testing that was approved. Also, medical records from the treating provider don't discuss the results of the previous studies and other signs of infection. Hence the medical necessity for sedimentation rate is not met.

Lab test: C-reaction protein: 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): 287.

Decision rationale: Even though MTUS guidelines recommend further diagnostic studies in the presence of red flags, there is no documentation about the results of the previous C-reactive protein testing that was approved. Also, medical records from the treating provider don't discuss the results of the previous studies and other signs of infection. Hence, the medical necessity for C reactive protein is not met.

Lab test: comprehensive metabolic panel: Overturned

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): 287.

Decision rationale: MTUS guidelines recommend evaluating for underlying conditions in the presence of red flags. In this case, there is hydronephrosis, and therefore periodic assessment of CMP is appropriate to evaluate for worsening renal function.

Soma 350mg po Q6-8h prn #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to MTUS, Carisoprodol is not recommended for chronic pain. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. Carisoprodol is a commonly-prescribed, centrally-acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a Schedule-IV controlled substance). As of January 2012, Carisoprodol is categorized by the DEA as a Schedule IV medication. (DEA, 2012) It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Medical necessity in this case has not been established.