

<b>Case Number:</b>	CM13-0049329		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/09/1994
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 61 year old female who reported an injury on June 9, 1994. The mechanism of injury was not provided. The clinical notes dated January 13, 2014 reported the injured worker complained of pain in the lumbar region and medications are beneficial. She reportedly stated, as a result of not receiving Soma or Voltaren, she was having trouble sleeping due to increased discomfort. The physical examination revealed lumbar spine range of motion of flexion 60 percent, extension 50 percent and lateral movement 60 percent. The motor exam was normal and she was neurologically intact. The diagnoses included lumbar spine strain and degenerative disc disease to the lumbar spine. The treatment plan included recommendations for continuation of flex support back brace, Soma, Norco, Voltaren Gel, and Cymbalta. The request for authorization, for the lumbar spine MRI was submitted on January 13, 2014. A clear rationale was not provided.

### 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 WITH SEDATION 72148:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for MRI of the Lumbar Spine with Sedation is not medically necessary. The injured worker has a history of low back pain treated with medication and a flex support back brace. The ACOEM Guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Within the clinical information, provided for review, it is documented that the injured worker has low back pain that is controlled with medications and a back brace; however, there is a lack of documentation the injured worker has signs or symptoms of neurological deficits to include radiating pain to the lower extremities, numbness, tingling or decreased motor strength. Therefore, the request for MRI of the Lumbar Spine with Sedation is not medically necessary.

**SOMA 350MG # 120 ONE PO Q6 HOURS PRN. ONE REFILL:** 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 MUSCLE RELAXANTS Page(s): 63-65.

**Decision rationale:** The request for Soma #350mg #120 one by mouth every 6 hours as needed with one refill is not medically necessary. The injured worker has a history of low back pain treated with medication and a flex support back brace. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Further, the guidelines do not recommend Soma longer than a 2 to 3 week period. The guidelines also state in most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Within the clinical information, provided for review, the injured worker has been utilizing this medication since approximately March of 2013, which far exceeds the guideline recommendation of no longer than 2 to 3 weeks. In addition, there was a lack of documentation indicating the injured worker had significant muscle spasms. Therefore, the request for Soma #350mg #120 one by mouth every 6 hours as needed with one refill is not medically necessary.

**NORCO 10/325MG #180 1 PO Q4-6 HOURS PRN ONE REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

**Decision rationale:** The request for Norco 10/325mg #180 1 by mouth every 4-6 hours as needed with one refill is not medically necessary. The injured worker has a history of low back

pain treated with medication and a flex support back brace. The California MTUS Guidelines state opioids appear to be efficacious but limited for short-term pain relief. The guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines note a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Within the clinical information, provided for review, there is documentation the injured worker stated medications are beneficial; however, there is a lack of documentation indicating the injured worker had significant quantifiable objective functional improvement with the medication and the requesting physician did not include an adequate and complete assessment of the injured workers pain. Therefore, the request for Norco 10/325mg #180 1 by mouth every 4-6 hours as needed with one refill is not medically necessary.