

Case Number:	CM13-0058526		
Date Assigned:	12/30/2013	Date of Injury:	11/12/2010
Decision Date:	05/06/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/27/2013

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 Occupational Medicine, 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 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 patient is an employee of [REDACTED] and has submitted a claim for cervical and lumbar spine sprain/strain associated with an industrial injury date of November 12, 2010. Utilization review from October 23, 2013 denied the request for acupuncture due to lack documentation of functional improvement, soma due to lack of guidelines support; Ambien due to no documentation of sleep disturbance, repeat lumbar MRI due to lack of clear documentation of radiculopathy or other progressive neurological symptoms, Protonix due to lack of documentation of GI complaints, and Pro-Stim unit due to lack of guidelines support. Treatment to date has included oral pain medications, chiropractic therapy, home exercise program, physical therapy, and acupuncture. Medical records from 2013 were reviewed showing the patient complaining of severe back and neck pain. The neck pain is noted to radiate down the right arm causing tingling and numbness. The back pain that radiates down to the bilateral legs. The pain is aggravated by movement and activities. Physical exam demonstrated decreased range of motion for the cervical spine as well as the lumbar spine. Tenderness was noted over the cervical and lumbar spines. There was decreased sensation over the L5-S1 dermatomes on the right and L5 dermatome on the left with pain. An MRI of the lumbar spine from May 2013 demonstrated no significant interval changes with mild decrease in the size of the annular disk bulge with no sign of nerve root encroachment. There has also been no change in the narrowing of the T11 and T12 vertebrae.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: As stated on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol is a muscle relaxant and is not recommended as it is not indicated for long-term use as well as having an active metabolite which is a schedule IV controlled substance. In this case, the patient has been using Soma since May 2013. However, long-term use is not recommended for this medication. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Soma is not medically necessary.

Repeat lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: As stated on pages 303-304 of the California MTUS ACOEM Low Back Chapter, imaging of the lumbar spine is supported in for red flag diagnoses where plain film radiographs are negative, or have unequivocal objective findings that identify nerve compromise on neurological exam and do not respond to treatment. In this case, the progress notes did not document a progressive neurological deficit that requires a repeat MRI study. The MRI from May 2013 was compared to a previous study done in 2011 and did not show a significant difference between the two. The patient's clinical status is relatively unclear; the extent at which the patient can perform activities of daily living and work functions is not indicated. A change or progression in neurologic findings was not documented. Therefore, the request for a repeat lumbar MRI is not medically necessary.

12 sessions of acupuncture for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As stated in the California MTUS Acupuncture Medical Treatment Guidelines, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient has had prior acupuncture treatment. The total number of visits was not readily indicated. The resulting functional improvements from these visits were not clearly

documented such as improved ability to perform activities of daily living or work functions. Therefore, the request for additional acupuncture treatment is not medically necessary.

30 Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, ZOLPIDEM

Decision rationale: CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter, Zolpidem treatment was used instead. ODG states that Zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for Final Determination Letter for IMR Case Number CM13-0058526 5 short-term treatment of insomnia. In this case, the first prescription of Ambien is not clearly indicated. There is no documentation concerning insomnia or sleep disturbances. There is no discussion indicating the patient's sleep hygiene. Given the insufficient information, the request for Ambien is not medically necessary.

60 Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, the date at which Protonix was first prescribed is not clearly indicated. The documentation did not establish GI complaints from the patient or increased risks for GI events. Therefore, the request for Protonix is not medically necessary.

Pro-Stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117,116,120,121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The Pro-Stim unit is an interferential unit. As stated on pages 118-120 in the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current

stimulation is not recommended as an isolated intervention and is used in conjunction with other recommended treatments. A treatment plan should be highlighted before starting on a trial. A TENS unit should be tried before using this device. In this case, there was no indication or discussion concerning the use of this interferential unit; there were no treatment plans laid out. It is unclear whether the patient has tried a TENS unit previously. Given the insufficient amount of information concerning the prescription of this device, the request for the Pro-Stim unit is not medically necessary.