

Case Number:	CM14-0104777		
Date Assigned:	09/16/2014	Date of Injury:	02/09/2005
Decision Date:	12/10/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 a 50 year old female with an injury date of 02/09/05. Based on the 05/13/14 progress report, the patient complains of low back pain rated 5/10 that radiates to the lower extremities, worse on left; left knee pain rated 2/10; and sleep difficulty and depression due to chronic pain. Physical examination to the lumbar spine revealed moderate paralumbar spasm and decreased range of motion, especially on flexion and extension 60% of normal and bilateral bending 70% of normal. Seated straight leg raise test was positive bilaterally at 80 degrees. The patient has completed physical therapy and is on home exercise program. The patient was permanent and stationary since 02/08/06. MRI is requested due to increasing pain and length of time since her previous MRI, date unspecified. The following medications have been prescribed in progress reports dated 02/11/14 and 09/02/14: Norco for pain control is being decreased to one tablet; Soma is prescribed for muscle spasm; Naproxen Sodium is prescribed for pain and inflammation; Xanax is prescribed for anxiety due to pain; and Prilosec is taken daily due to NSAID causing GI upset and to prevent GI complications. 05/13/2014 diagnosis includes lumbar radiculopathy, with abnormal MRI scans with radiation to the lower extremities; left knee pain; insomnia; and depression. The utilization review determination being challenged is dated 06/09/14. The treating physician provided treatment reports from 02/11/14 - 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 05/12/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (Magnetic Resonance Imaging), Lumbar Spine

Decision rationale: The patient presents with low back pain rated 5/10 that radiates to the lower extremities, worse on left, left knee pain rated 2/10, sleep difficulty and depression due to chronic pain. The request is for magnetic resonance imaging (MRI) of the lumbar. Physical examination to the lumbar spine on 05/13/14 revealed moderate paralumbar spasm and decreased range of motion, especially on flexion and extension 60% of normal and bilateral bending 70% of normal. Seated straight leg raise test was positive bilaterally at 80 degrees. The patient has completed physical therapy and is on home exercise program. ACOEM guidelines, Chapter 12, page 303 states: "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." For chronic pain, Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging), lumbar spine: "Indication for imaging for uncomplicated low back pain with radiculopathy recommends at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. MRI is also recommended if there is a prior lumbar surgery." Per progress report dated 05/13/14, MRI is requested due to increasing pain and length of time since her previous MRI, date unspecified. Progress report dated 05/13/14 states under diagnosis "lumbar radiculopathy with abnormal MRI scans with radiation to the lower extremities." The patient presents with low back pain and radicular symptoms supported by physical examination. However, there is no progression of neurologic deficit such as weakness; no new injury; no red flags such as bowel/bladder symptoms; and no significant change in clinical presentation such as new symptoms to warrant a repeat or updated MRI. Therefore, this request is not medically necessary.

Norco 5/325 #100, three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: The patient presents with low back pain rated 5/10 that radiates to the lower extremities, worse on left, left knee pain rated 2/10, sleep difficulty and depression due to chronic pain. The request is for Norco 5/325 #100, three (3) refills. Patient's diagnosis on 05/13/14 included lumbar radiculopathy with abnormal MRI scans with radiation to the lower extremities, left knee pain, insomnia and depression. The patient has completed physical therapy and is on home exercise program. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a

numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco is prescribed in progress reports dated 02/11/14 and 09/02/14. Norco is taken for pain control and is being decreased to one tablet. In this case, treating physician has not stated how Norco reduces pain and significantly improves her activities of daily living (ADL); the four A's are not specifically addressed including discussions regarding adverse reaction, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, this request is not medically necessary.

Soma 350mg #60, three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma , Soprodal 350, Vanadom , generic available) Page(s): 6.

Decision rationale: The patient presents with low back pain rated 5/10 that radiates to the lower extremities, worse on left, left knee pain rated 2/10, sleep difficulty and depression due to chronic pain. The request is for Soma 350MG #60, three (3) refills. The patient's diagnosis on 05/13/14 included lumbar radiculopathy with abnormal MRI scans with radiation to the lower extremities, left knee pain, insomnia and depression. The patient has completed physical therapy and is on home exercise program. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, pages 63-66: "Carisoprodol (Soma , Soprodal 350, Vanadom , generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Soma is prescribed in progress reports dated 02/11/14 and 09/02/14, and is taken for muscle spasm. MTUS recommends requested Soma only for a short period. Therefore, this request is not medically necessary.

Xanax 5mg #60, three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions/Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with low back pain rated 5/10 that radiates to the lower extremities, worse on left, left knee pain rated 2/10, sleep difficulty and depression due to chronic pain. The request is for Xanax 5mg #60, three (3) refills. The patient's diagnosis on 05/13/14 included lumbar radiculopathy with abnormal MRI scans with radiation to the lower extremities, left knee pain, insomnia and depression. The patient has completed physical therapy and is on home exercise program. The MTUS Guidelines page 24 state, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of

dependence. Most guidelines limit use to 4 weeks." Xanax is prescribed in progress reports dated 02/11/14 and 09/02/14, and is taken for anxiety due to pain. MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence". Furthermore, the request is for quantity 60 with 3 refills. Therefore, this request is not medically necessary.

Prilosec 20mg #60, three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with low back pain rated 5/10 that radiates to the lower extremities, worse on left, left knee pain rated 2/10, sleep difficulty and depression due to chronic pain. The request is for Prilosec 20mg #60, three (3) refills. Patient's diagnosis on 05/13/14 included lumbar radiculopathy with abnormal MRI scans with radiation to the lower extremities, left knee pain, insomnia and depression. The patient has completed physical therapy and is on home exercise program. Regarding non-steroidal anti-inflammatory drugs (NSAIDs) and gastrointestinal (GI)/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The treating physician states that Prilosec is taken daily due to NSAID causing GI upset and to prevent GI complications. Prilosec and Naproxen Sodium are prescribed in progress reports dated 02/11/14 and 09/02/14. However, the Treating physician does not indicate how the patient is doing and why he needs to continue when it's been 7 months since prescription. Given the lack of documentation of continued need for this medication, this request is not medically necessary.

Obtain renal function tests: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 70.

Decision rationale: The patient presents with low back pain rated 5/10 that radiates to the lower extremities, worse on left, left knee pain rated 2/10, sleep difficulty and depression due to chronic pain. The request is for obtain renal function tests. Patient's diagnosis on 05/13/14 included lumbar radiculopathy with abnormal MRI scans with radiation to the lower extremities, left knee pain, insomnia and depression. The patient has completed physical therapy and is on home exercise program. MTUS page 70 states, "Food and Drug Administration (FDA)

Medication Guide is provided by FDA mandate on all prescriptions dispensed for non-steroidal anti-inflammatory drugs (NSAIDs). Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." Treating physician has not documented reason for the request. However, the patient is on Naproxen and there is no indication that the patient has had renal function test done. Monitoring of renal function is supported for chronic oral NSAID intake. Therefore, this request is medically necessary.