

<b>Case Number:</b>	CM14-0182510		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 35 year old male with an injury date of 10/05/12. The 10/13/14 progress report by [REDACTED] states that the patient presents with aching, throbbing and lower back pain radiating down the posterior aspect of the left lower extremity. All daily activities are limited secondary to pain and he has difficulty sleeping and depression. The patient is temporarily totally disabled. Examination reveals moderate tenderness to palpation in the midline of the lower lumbar spine with reduced sensation to light touch along the anterior and lateral left thigh and leg along with a positive straight leg test on the left with radiation to the foot. The patient's diagnosis is degenerative disc disease, Lumbar. Current medications are listed as Percocet, Soma, Neurontin and Ativan. The utilization review being challenged is dated 10/13/14. The rationale regarding NCS is that NCS is not recommended per ODG, however, modified certification for EMG is provided. Reports were provided from 05/20/14 to 10/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Soma 350mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma; Muscle relaxants for pain Page(s): 29; 63-66.

**Decision rationale:** The patient presents with aching, throbbing, lower back pain radiating down the left lower extremity. The treater requests for Soma 350mg, #90. The reports show the patient has been taking this medication since at least 04/22/14. MTUS: Soma page 29 states, "Not recommended. This medication is not indicated for long term use." MTUS: Muscle relaxants for pain pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The treater does not discuss the use of this medication in the reports provided. In this case, the reports show the patient has been using this medication months longer than the 2-3 weeks short-term use recommended by MTUS. The request is not medically necessary.

**Ativan 0.5mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines Page(s): 24.

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

**Decision rationale:** The patient presents with aching, throbbing, lower back pain radiating down the left lower extremity. The treater requests Ativan 0.5mg, #30 (a Benzodiazepine). MTUS Benzodiazepines page 24 states, "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." The reports indicate that the patient is just starting this medication. The 09/30/14 Request for Authorization states the medication is for lower back pain and it does not appear on reports prior to the 10/13/14 report which states, "However, with Ativan he has been able to get a restful sleep at night." In this case, MTUS is clear regarding the short term use of this medication, and the treater does not state use is for short-term. The request is not medically necessary.

**NCS of the Lower Extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (08/22/14), NCS

**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) Neck and Upper Back (Acute & Chronic) chapter, Electromyography (EMG)

**Decision rationale:** The patient presents with aching, throbbing, lower back pain radiating down the left lower extremity. The treater requests for NCS of the lower extremities. ACOEM guidelines page 303 states, "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." Per ODG guidelines, EMG/NCS topic, state this testing is

recommended depending on indications and EMG and NCS are separate studies and should not necessarily be done together. ODG further states: "...NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." The treater cites an MRI lumbar (date unknown) showing L5/S1 disc bulge resulting in mild central to moderate bilateral foraminal stenosis and is recommending an additional MRI and TF ESI at "right" L4/5, L5/S1 and S1. The treater also states there is marked motor deficit and sensory deficit in the "left" lower extremity. The reports provided show no indication of a prior NCS study for this patient. The 10/13/14 treatment plan states the treater is requesting for EMG/NCS of the lower extremities. The Request for Authorization states the request is due to low back pain. This request is for NCS only. In this case, ODG states that EMG and NCS should not necessarily be done together and that NCS is not recommended. The treater does not raise any suspicion for peripheral neuropathy or plexopathies. The request is not medically necessary.