

<b>Case Number:</b>	CM14-0026925		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/03/2003
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application</b>	03/03/2014

### **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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 51 year old gentleman who was reportedly injured on September 3, 2003. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated February 25, 2014, indicates there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated tenderness to the lumbar paraspinal muscles, and a positive bilateral straight leg raise. There was a normal lower extremity neurological examination. Diagnoses included bilateral L4 and L5 radiculopathy, L4 - L5 disc protrusion, facet joint arthropathy, lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis, lumbar facet joint arthropathy, lumbar sprain/strain, left ankle fracture, and hypertension. There was request for a referral to a spine surgeon, and request for MS Contin, Norco, Soma, and gabapentin. An MRI of the lumbar spine dated November 17, 2003, noted and L4 - L5 disc protrusion displacing the right L5 nerve root. A request was made for a referral to a spine surgeon, Norco, and Soma and was not certified in the pre-authorization process on February 18, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**SPINE SURGEON CONSULTATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office Visits.

**Decision rationale:** According to the most recent medical record provided dated February 25, 2014, the injured employee described vague symptoms of low back pain radiating to the bilateral lower extremities. The physical examination on this date noted a normal neurological examination with 5/5 muscle strength in the lower extremities and intact sensation. According to the Official Disability Guidelines there should be corroboration between the patient's symptoms, objective studies, and physical examination findings. As this is not present, this request for referral to a spine surgeon is not medically necessary.

**MS CONTIN 60 MG #90 1 TABLET 3 TIMES DAILY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, went to discontinue opioids, Page(s): 79.

**Decision rationale:** According to the most recent medical record dated February 25, 2014, Norco has been noted to be beneficial for the injured employee by allowing functional improvement in his activities of daily living and ability to work. It was stated that it provides 50% improvement in the injured employee's pain and there has been no abnormal urine drug screen testing. However, the medical record also states that the employee has a history of heroin addiction, demanding pain medications, and has had an abnormal urine drug screen on December 22, 2012 noting the presence of cannabinoids and a very high level of methadone. Considering this evidence, this request for MS Contin is not medically necessary.

**NORCO 10/325 MG #180 1 TABLET EVERY 4 HOURS AS NEEDED:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, went to discontinue opioids, Page(s): 79.

**Decision rationale:** According to the most recent medical record dated February 25, 2014, Norco has been noted to be beneficial for the injured employee by allowing functional improvement in his activities of daily living and ability to work. It was stated that it provides 50% improvement in the injured employee's pain and there has been no abnormal urine drug screen testing. However the medical record also states that the employee has a history of heroin addiction, demanding pain medications, and has had an abnormal urine drug screen on December 22, 2012 noting the presence of cannabinoids and a very high level of methadone. Considering this evidence, this request for Norco is not medically necessary.

**SOMA 350 MG #90 1 TABLET EVERY 8 HOURS AS NEEDED:** 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 Carisoprodol, Page(s): 65.

**Decision rationale:** According to the most recent medical record dated February 25, 2014, Soma has been noted to be beneficial for the injured employee by allowing functional improvement in his activities of daily living and ability to work. It was stated that it provides 50% improvement in the injured employee's pain and there has been no abnormal urine drug screen testing. However the medical record also states that the employee has a history of heroin addiction, demanding pain medications, and has had an abnormal urine drug screen on December 22, 2012 noting the presence of cannabinoids and a very high level of methadone. Additionally, Soma is only recommended for use for no longer than 2 to 3 weeks' use as it is a schedule 4 controlled substance. This request is for at least a 30 day time. Considering this evidence, this request for Soma is not medically necessary.