

<b>Case Number:</b>	CM14-0034080		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/16/1999
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 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:

This patient is a 39 year old female with a date of injury of 11/16/99. Subsequent to the injury she has developed chronic low back pain with a radicular component. The only medical records sent for IMR review are a 10/25/12 Dr's visit and the UR report reviewing a 2/27/14 visit. The 10/25/12 visit documents medication management for ongoing chronic low back pain with a radicular component. Medications recommended were Percocet 10/325 4 times per day, Neurontin 300mg 4 times per day and Soma 3 times per day. The UR report states that the 2/27/14 visit documents ongoing low back pain with lower extremity radiation. No change in examination findings is noted and no neurologic deficits are documented. It is documented that the open MRI is requested due to increased pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Open MRI of Lumbar spine with and without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Low back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back acute and chronic, Magnetic Resonance Imaging.

**Decision rationale:** MTUS Guidelines do not address the issue of repeat MRI's in adequate detail. ODG Guidelines do address this specific issue. Based on the limited information available for review, there does not appear to be any neurological changes or other "red flag" conditions that would support a repeat MRI. The documentation reported does not indicate that there is a highly significant change in pain levels or overall condition. A repeat lumbar MRI for increased pain is not supported in guidelines unless it is accompanied highly significant changes in pain levels and/or accompanied by objective neurological changes or potential "red flag" conditions such as infection or cancer. Based on the information available, the request for the repeat MRI is not medically necessary.

**Morphine ER 15 mg Quantity 30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** There are inadequate medical records to support a denial of the Morphine ER 15mg #30. There is inadequate information to deny the medication based on MTUS Guideline Standards. Therefore, the request for Morphine ER 15mg QTY 30 is medically necessary.

**Percocet 10-325 mg Quantity 120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** There are inadequate medical records to support a denial of the Percocet 10/325 #120. There is inadequate information to deny the medication based on MTUS Guideline Standards. Therefore, the request for Percocet 10/325mg QTY 120 is medically necessary.

**Celebrex 200 mg Quantity 30: Overturned**

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

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

**Decision rationale:** There are inadequate medical records to support a denial of the Celebrex 200mg #30. There is inadequate information to deny the medication based on MTUS Guideline Standards. Therefore, the request for Celebrex 200mg QTY 30 is medically necessary.

**Neurontin 300 mg Quantity 120: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs,(AEDs) Page(s): 18.

**Decision rationale:** There are inadequate medical records to support a denial of the Neurontin 300mg. #150. There is inadequate information to deny the medication based on MTUS Guideline Standards. Therefore, the request for Neurontin 300mg QTY 120 is medically necessary.

**Soma 350mg Quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) , page(s) 29,66 Page(s): 29,66.

**Decision rationale:** MTUS Chronic Pain Guidelines do not recommended Soma under any circumstances. There are inadequate medical records to deny other medications as their recommended use depends on specific standards and circumstances. However, this does not apply to Soma as it is not recommended for any medical condition. If a muscle relaxant is essential there are guideline supported medications that can be trialed on a longer term basis. Therefore, the request for Soma 350mg QTY 60 is not medically necessary.