

Case Number:	CM14-0040528		
Date Assigned:	08/04/2014	Date of Injury:	10/02/2001
Decision Date:	09/10/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/10/2014

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 Internal 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 injured worker with lumbar spine conditions. The date of injury was 10-02-2001. The office visit note dated 12-10-2013, documented worsened back pain and associated right leg pain, after she fell down the stairs. She fell after the CT scan performed on 12-06-13. She also has right hip pain. Clinically, her motor strength is 5/5 throughout quadriceps, hamstring, tibialis anterior, tibialis posterior, gastroc-soleus, and extensor hallucis longus; 4/5 iliopsoas. The sensory exam shows diffuse changes in the L2-L3 dermatome. An x-ray performed 11-18-2013, reported disc space narrowing at L2-3 and L3-4, L2 and L3 laminectomies with internal fixation of the lumbar spine from L2 through L4, lucency around bilateral L4 pedicle screws suggesting a degree of loosening of the orthopedic hardware at the L4 level. The CT of the lumbar spine performed on 12-06-2013, reported postsurgical change with posterior fixation hardware extending from L2 through L4 with interbody grafts at L2-3 and L3-4. There is stable appearance of the L2-3 interbody graft without evidence of significant osseous incorporation. The interbody graft at L3-4 is new since the comparison CT exam on 12-12-12. The lumbar spine 4 view x-ray performed on 01-28-2014, reported posterior fixation of L2, L3 and L4. Lucency is noted around the L2-3 bone plug in the disc. The flexion and extension lateral views show no movement at the fused level. The screws are well seated in the vertebral bodies. The impression was posterior fixation of L2 through L4 similar to 11-18-13. An office visit note dated 2-10-14, documented the patient's pain on a scale of 0 out of 10 was a 9. The physician ordered current radiographic studies of the spine. Her last x-rays were performed on 1-28-14 showing lucency around the L2-L3 bone plug. The treatment plan was to rule out further pathology of the spine via current flexion/extension views as well as a CT scan. The Utilization Review decision date was 3-1-14.

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 (Carisoprodol).

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Carisoprodol (Soma) is not recommended. This medication is not indicated for long-term use. The patient is status post lumbar spine surgery with a date of injury of 10-2-01. Medical records document that the patient has been prescribed Soma long-term, which is not recommended by MTUS guidelines. Soma is not recommended by MTUS guidelines. Therefore, the request for Soma 350mg #90 is not medically necessary.

Gabapentin 300mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The patient is status post lumbar spine surgery with neuropathic pain. Medical records document the prescription of Gabapentin on 3-19-13. Neurontin (Gabapentin) 300 mg three times a day. MTUS guidelines support the medical necessity of Gabapentin. Therefore, the request for Gabapentin 300mg, #90 is medically necessary.

Lidoderm 5% patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Topical Analgesics Page(s): 56-57, 111-112.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend Lidoderm for chronic neuropathic pain disorders other than post-herpetic neuralgia. Lidoderm is not

recommended for non-neuropathic pain. Medical records do not document a diagnosis of post-herpetic neuralgia. Per MTUS guidelines, Lidoderm is only FDA approved for post-herpetic neuralgia, and is not recommended for other chronic neuropathic pain disorders or non-neuropathic pain. Medical records and MTUS guidelines do not support the medical necessity of Lidoderm patch. Therefore, the request for Lidoderm 5% patch, #30 is not medically necessary.

Unknown flexion and extension studies: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG)Low Back - Lumbar & Thoracic (Acute & Chronic)Flexion/extension imaging studies.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) addresses imaging studies. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints recommends imaging studies when red flags are present. Official Disability Guidelines (ODG) recommends flexion/extension imaging studies to evaluate spinal instability. An office visit note dated 12-10-13, documented worsened back pain and associated right leg pain, after she fell down the stairs. She fell after the CT scan performed on 12-06-13. The lumbar spine 4 view x-ray performed on 1-28-14, reported that lucency is noted around the L2-3 bone plug in the disc. The office visit note dated 2-10-14, documented the patient's pain on a scale of 0 out of 10 was a 9. X-rays were performed on 1-28-14 showing lucency around the L2-L3 bone plug. The treatment plan was to rule out further pathology of the spine via current flexion/extension views as well as CT scan. The x-rays performed 1-28-14 reported that lucency is noted around the L2-3 bone plug in the disc. Lumbar spine x-rays with flexion/extension views were requested to evaluate the lucency noted around the L2-3 bone plug in the disc. This procedure is supported by MTUS, ACOEM, and ODG guidelines. Lumbar spine x-rays with flexion/extension views are medically necessary. Therefore, the request for flexion and extension studies is medically necessary.