MAXIMUS Federal Services

Case Number:	CM14-0205926		
Date Assigned:	12/18/2014	Date of Injury:	05/28/2013
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year old female with an injury date on 05/28/2013. Based on the 11/14/2014 progress report provided by the treating physician, the diagnoses are:1. Discogenic back pain2. Lumbar spine status post anterior and posterior L5-L1 fusion3. S/P I&D of the left infected lumbar spine surgery4. Chronic headaches According to this report, the patient complains of "constant pain in her lower back traveling to her bilateral lower extremities which she describes as aching and stabbing" that is the same. Pain is rated at an 8/10 without medications. "Pain is aggravated by prolonged sitting, prolonged standing, prolonged walking, walking on uneven surfaces, repetitive bending, repetitive stooping, repetitive kneeling, repetitive squatting, repetitive overhead reaching, repetitive twisting, repetitive lifting, repetitive carrying, pushing, pulling, climbing, lifting heavy objects and cold weather." Physical exam reveals moderate tenderness at the bilateral paraspinal muscles, bilateral hips, and bilateral buttocks. Lasege's test and Seated Straight leg raise test are positive bilaterally. Reflexes for the knees and ankles are diminished bilaterally. Lumbar range of motion id limited with pain and spasm. The 09/26/2014 report indicates patient's low back pain is a 9 /10 that is worsening. MRI of the lumbar spine with & without contrast on 10/21/2014 shows:1. L4-5: Mild intervertebral disc desiccation is seen with normal disc height.2. L5-S1: Post-surgical changes are seen at this level. Allowing for subtle differences in technique, no evidence of recurrent or residual disc disease is seen.3. Ll-2, L2-3, L3-4: Normal intervertebral disc height and signal are seen. The treatment plan is to request for neurological consultation, proove genetic narcotic risk test, CT scan of lumbar spine, Pharmacological Management, and return on 11/14/2014 for a follow up visit. The patient "is

placed on temporary total disability until 11/14/20."There were no other significant findings noted on this report. The utilization review denied the request for (1) Soma #60, (2) Norco #120, (3) CT scan of lumbar spine, (4) proove genetic narcotic risk test, and (5) Aquatic therapy on 11/26/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/24/2014 to 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64, 63.

Decision rationale: According to the 11/14/2014 report, this patient presents with constant pain in the low back that travels to the bilateral lower extremities. The current request is for Soma 350mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 states "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP [low back pain]. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs [non-steroidal anti-inflammatory drugs] and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicates that this patient has been prescribed this medication longer then the recommended 2-3 weeks. The treating physician is requesting Soma#60 and this medication was first noted in the 09/26/2014 report. Soma is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of opioids Page(s): 60, 61; 76-78; 88-89.

Decision rationale: According to the 11/14/2014 report, this patient presents with constant pain in the low back that travels to the bilateral lower extremities. The current request is for Norco 10/325mg #120. This medication was first mentioned in the 09/26/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 state, "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 4A's (analgesia, ADLs [activities of daily living], adverse side effects, and aberrant 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. Per treating physician, prior to beginning the patient's "current course of medications, the patient slept 1-2 hours per night. Since beginning the current course of medications, the patient reports that she sleeps 4 hours per night." Pain ranges from an 8-9/10 without medications. In this case, the provided reports show documentation of pain assessment but no before and after analgesia is provided. However, there were no discussions of patient's ADL's. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Urine Drug Screening (UDS) was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document the 4 A's as required by MTUS. The request is not medically necessary.

CT scan of lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 - Lumbar & Thoracic chapter, CT (computed tomography)

Decision rationale: According to the 11/14/2014 report, this patient presents with constant pain in the low back that travels to the bilateral lower extremities. The current request is for CT scan of lumbar spine to "rule out herniated nucleus pulposus." Regarding computer tomography, ODG states "Not recommended" except for indications of Lumbar spine trauma: with neurological deficit, seat belt fracture or myelopathy infectious disease. Review of reports do not mentions of prior CT scan done. In this case, the patient does not present with lumbar spine trauma that has neurological deficit, seat belt fracture or myelopathy infectious disease. Furthermore, the patient is status post (s/p) lumbar fusion but there is no suspicion for pseudarthrosis. The treating physician does not indicate that the patient has any post-operative problems and there is no suspicion for hardware failure either. Therefore, this request is not medically necessary.

Proove genetic narcotic risk test: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter: Genetic testing for potential opioid abuse

Decision rationale: According to the 11/14/2014 report, this patient presents with constant pain in the low back that travels to the bilateral lower extremities. The current request is for Prove

genetic narcotic risk test. Regarding Genetic testing for potential opioid abuse, ODG guidelines state "Not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range." Therefore, this request is not medically necessary.

Aquatic therapy 2 times per week times 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: According to the 11/14/2014 report, this patient presents with constant pain in the low back that travels to the bilateral lower extremities. The current request is for aquatic therapy 2 times per week times 6 weeks. The patient BMI (Body Mass Index) is 33.5. Regarding aquatic therapy, MTUS guidelines recommend it where reduced weight bearing is desirable, for example extreme obesity. MTUS refers readers to the Physical Medicine section for the recommendations on the number of sessions. The MTUS physical medicine section states that 8-10 sessions of physical therapy are indicated for various myalgias and neuralgias. Review of the provided reports shows no therapy reports. The treating physician did not discuss why weight reduced exercise is desired, and there is no documentation of extreme obesity. There is no discussion as to why the patient cannot tolerate land-based therapy. Furthermore, the requested 12 sessions exceed what is allowed per MTUS. Therefore, the current request is not medically necessary.