

Case Number:	CM15-0005019		
Date Assigned:	01/16/2015	Date of Injury:	01/30/1999
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/09/2015

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: New York
 Certification(s)/Specialty: Internal Medicine

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 female, who sustained an industrial injury on January 30, 1999. She has reported back and hip pain. The diagnoses have included chronic low back pain and strain/sprain, bilateral sacroiliitis, lumbar radiculopathy, myofascial pain, and greater trochanter bursitis. Treatment to date has included magnetic resonance imaging (MRI), electromyogram lumbar epidural injections and oral medications. Currently, the IW complains of low back and right hip pain. Treatment includes oral medication. On December 23, 2014 utilization review non-certified a request for lumbar magnetic resonance imaging (MRI) and modified a request for Soma 300mg #30, MS Contin 10mg #60 and Baclofen 10mg #30. The Medical Treatment Utilization Schedule (MTUS) chronic pain, American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 300mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states that use of muscle relaxants is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, muscle relaxants do not provide any additional benefit in pain control or overall improvement, when used in combination with NSAIDs. MTUS guidelines further state that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation indicates that the injured worker's complaint of low back and right hip pain is chronic and has remained unchanged. Documentation does not support that there has been an acute exacerbation. The request for Soma 300mg #30 is not medically necessary.

MS Contin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Opioids Page(s): 60-61.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy and should be used only if the patient has failed a trial of non-opioid analgesic. Morphine is recommended for use in the treatment of moderate to severe pain. Documentation provided revealed that the injured worker's symptoms are chronic and unchanged. There is no evidence that there has been significant improvement in the injured worker's pain level or functional assessment with the use of MS Contin. The request for MS Contin 10mg #60 is not medically necessary.

Baclofen 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity drugs, NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: MTUS states that use of muscle relaxants is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, muscle relaxants do not provide any additional benefit in pain control or overall improvement, when used in combination with NSAIDs. MTUS guidelines further state that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation indicates that the injured worker's complaint of low

back and right hip pain is chronic and has remained unchanged. The request for Baclofen, 10mg #30 is not medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Special Diagnostic and Treatment Considerations, page 303.

Decision rationale: MTUS states that Lumbar spine imaging is recommended for patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Documentation shows that the injured worker had a previous MRI, which revealed L5-S1 central disc protrusion. The injured worker has not responded to conservative treatment, including epidural injections and medications. Per chart documentation, the symptoms have remained unchanged and neurologic exam does not show any objective findings identifying specific nerve compromise that would warrant a repeat MRI. Furthermore, there is no indication in the documentation provided that surgery is being considered as a treatment option. The request for lumbar magnetic resonance imaging (MRI) is not medically necessary.