

<b>Case Number:</b>	CM15-0102878		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/13/2003
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2003. In a Utilization Review report dated April 28, 2015, the claims administrator denied a request for lumbar MRI imaging and partially approved a request for Soma. The claims administrator referenced an April 20, 2015 RFA form and an associated progress note of April 15, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 13, 2015, Soma and Norco were renewed. In an associated progress note of the same date, May 13, 2015, the applicant reported 9/10 back and knee pain without medications versus highly variable 4-7/10 with medications. The applicant was struggling to fulfill daily responsibilities and did no outside activities, it was reported. The applicant's overall activity levels were decreased, it was reported. The attending provider stated that the applicant was declining functionally. Ongoing complaints of low back pain radiating to the left leg were reported. The applicant was unable to tolerate work duties and/or simple, basic activities of daily living, the treating provider acknowledged. In another section of the note, it was stated that the applicant's medication list included Lidoderm, Flexeril, Soma, and Norco. The applicant was also on Coumadin, it was stated in yet another section of the note. The applicant had had previous drug testing positive for marijuana in 2007, it was suggested. The note was very difficult to follow and mingled historical issues with current issues. The applicant had undergone earlier lumbar decompressive surgery in May 2013, it was reported. The applicant was described as having hyposensorium about the left leg and positive straight leg raising about the same, it was suggested toward the bottom of the report. The

attending provider suggested that a new lumbar MRI was needed to evaluate the same. A rather proscriptive 10-pound lifting limitation was renewed, although it did not appear that the applicant was working with said limitation in place. In yet another section of the note, the attending provider stated that the applicant was able to work 25 hours a week as a result of his pain medications, which is directly contravened by a statement toward the top of the report to the effect that the applicant was unable to tolerate work duties. The requesting provider appeared to be a chronic pain physician. In a RFA form dated April 20, 2015, the attending provider suggested that MRI imaging of the lower extremity was performed to evaluate positive left-sided straight leg raising and hyposensorium about the left leg. In an associated progress note of April 15, 2015, the attending provider reported ongoing complaints of low back pain radiating to the left leg. The applicant denied any foot drop, saddle anesthesia, or incontinence. The attending provider stated that the applicant was unable to tolerate work duties and even simply, basic activities of daily living toward the top of the report, a statement which was contravened by commentary made toward the bottom of the report to the effect that the applicant was able to work part-time at a rate of 25 hours a week. Hyposensorium about the left leg was again appreciated. Soma and Norco were renewed and/or continued.

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

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

#### **MRI of the lumbar spine with contrast: Upheld**

**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 - Lumbar and Thoracic: MRI (2015).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** No, the request for lumbar MRI imaging was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the lumbar MRI in question and/or consider surgical intervention based on the outcome of the same. The requesting provider was a pain management physician, it appeared (as opposed to a spine surgeon), diminishing the likelihood of the applicant's acting on the results of the study in question. The attending provider did not state how (or if) the proposed lumbar MRI would influence or alter the treatment plan. While the attending provider reported that the applicant's findings of left lower extremity dysesthesias were new findings, the attending provider did so on multiple progress notes, referenced above, suggesting that these were not, in fact, new findings but, rather historical carryovers from previous progress notes. It did not appear, in short, likely that the applicant would act on the results of the study in question. Therefore, the request was not medically necessary.

#### **1 prescription of Soma 350mg #60: Upheld**

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

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

**Decision rationale:** Similarly, the request for Soma (carisoprodol) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was concurrent using Norco, an opioid agent and appeared to have been using Soma for what appeared to have been a minimum of several months. Such usage, however, was incompatible with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.