

<b>Case Number:</b>	CM15-0131275		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	08/10/2009
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 41 year old female, who sustained an industrial injury on 08/10/2009. According to an initial comprehensive primary treating physician's orthopaedic evaluation dated 04/27/2015, the injury occurred while pushing a client's wheelchair with one hand and a grocery cart behind her. She felt the onset of a sharp pain in her left wrist and hand. After shopping, she walked outside and lifted the wheelchair into the back of a van. She felt the onset of low back pain. Treatment to date has included medications, physical therapy, carpal tunnel release surgery on the right and left and epidural injections to the low back. According to the provider x-rays and MRI studies of the wrists, hands and low back had previously been obtained by another provider. These reports were not available for review. In 2013, she was deemed permanent and stationary and had not received any treatment since that time. Current complaints included occasional pain and stiffness in both wrists with associated numbness and tingling up to the elbows, low back pain which was always present with radiating tingling and numbness down both legs to the level of her feet and stress and anxiety resulting in memory difficulties. She was not currently working. Current medications included over the counter medication for pain. Physical examination demonstrated tenderness and pain in both wrists. Range of motion of both wrists and hands was full. She did have some weakness in the wrists bilaterally. There was tenderness about the scars from carpal tunnel release. She had full range of motion of her shoulder and elbow bilaterally. Examination of the lumbar spine revealed tenderness and pain at the para-axial musculature. Lumbar motion was restricted with pain. Forward bending was to 40 degrees, extension to 10 degrees and right and left rotation was to 10 degrees, all accompanied with pain. Straight leg raise in a lying down position was positive at 60 degrees, right and left.

Patellar and Achilles reflexes were slow bilaterally. She complained of intermittent numbness to both legs. She did have full range of motion of her hips, knees, ankles and feet. Diagnoses included status post bilateral carpal tunnel release with history of ganglion cyst, lumbar spine sprain and strain with intermittent lower extremity radiculopathy and anxiety and distress. The injured worker reported that physical therapy did not help her. She reported substantial relief from epidural injections. The provider recommended a consultation with pain management for another epidural steroid injection. Prescriptions were given for Motrin 800mg #60 one tablet twice a day and Soma 350 mg #40 at hour of sleep. Authorization for x-rays of the wrists, hands, pelvis and lumbar spine were requested. She was to return for evaluation in 6 weeks. Currently under review is the request for x-rays of the lumbar spine, x-rays of the bilateral wrists, x-rays of the bilateral hands, x-rays of the pelvis and Soma 350 mg #40.

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

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

#### **X-Rays Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-383.

**Decision rationale:** CA MTUS ACOEM Practice Guidelines state radiographs are not recommended for low back pain without red flag conditions, although "it may be appropriated when the physician believes it would aid in patient management". In this case, red flags conditions are not documented. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

#### **X-Rays Bilateral Wrists: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition (web) 2007.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** CA MTUS ACOEM Practice Guidelines stated that radiographs are indicated for acutely suspected fractures. Radiographs are not recommended routinely to address forearm, wrist and hand problems. In this case, there was no concern of fracture documented. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

#### **X-Rays Bilateral hands: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, 5th Edition, (web) 2007, Arm and hand X-rays.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** CA MTUS ACOEM Practice Guidelines stated that radiographs are indicated for acutely suspected fractures. Radiographs are not recommended routinely to address forearm, wrist and hand problems. In this case, there was no concern of fracture documented. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**X Rays Pelvis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment Integrated Treatment/Disability Duration Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter-X-ray.

**Decision rationale:** Official Disability Guidelines state that plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury. In this case, documentation does not indicate that the injured worker has sustained a severe injury. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

**Soma 350mg #40:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Muscle Relaxants-Carisoprodol Page(s): 60, 63-65.

**Decision rationale:** MTUS guidelines state that only one medication should be given at a time. A trial should be given for each individual medication. CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs (nonsteroidal anti-inflammatory drugs) in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appeared to diminish over time and prolonged use of some medications in this class may lead to dependence. In regards to Carisoprodol (Soma,

Soprodal 350, Vanadom, generic available), guidelines stated neither of these formulations are recommended for longer than a 2 to 3 week period. Carisoprodol is metabolized to meprobamate an anxiolytic that is a scheduled IV controlled substance. Carisoprodol is classified as a schedule IV drug in several states but not on a federal level. It is suggested that its main effect is due to generalized sedation as well as treatment of anxiety. This drug was approved for marketing before the [REDACTED] required clinical studies to prove safety and efficacy. Withdrawal symptoms may occur with abrupt discontinuation. In this case, there was no discussion of this being an acute exacerbation pain. There were no complaints of muscle spasms. The injured worker was also given a prescription of Motrin. Guidelines state that only one medication should be given at a time. Guidelines do not recommend the use of Soma longer than 2-3 weeks. The prescription written exceeds recommended guidelines of 2-3 weeks. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.