MAXIMUS Federal Services

Case Number:	CM15-0164306		
Date Assigned:	09/01/2015	Date of Injury:	08/23/2002
Decision Date:	10/16/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/21/2015

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: Anesthesiology

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 54 year old female, who sustained an industrial injury on August 23, 2002. She reported neck pain, low back pain, bilateral hip pain and right lower extremity pain. The injured worker was diagnosed as having cervical and lumbar spine discopathy. Treatment to date has included diagnostic studies, chiropractic care, acupuncture therapy, medications and work restrictions. Currently, the injured worker continues to report neck pain, low back pain, bilateral hip pain and right lower extremity pain. The injured worker reported an industrial injury in 2002, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on June 15, 2015, revealed increasing pain in the neck and low back. It was noted she had been deemed permanent and stationary however it was noted she was having significant pain in the neck and back on this visit. She rated her pain at a constant 6-7 on a 1-10 scale with 10 being the worst. She noted the pain in the back had worsened to 8 on a 1-10 scale worth 10 being the worst. It was noted she had started chiropractic care a week earlier. She noted some improvement with chiropractic care. Medications were continued and chiropractic care was recommended. It was noted the physician recommended an update magnetic resonance image of the cervical and lumbar spine secondary to a recent increase in pain. Evaluation on July 30, 2015, revealed continued pain as noted. She rated her pain at 8 on a 1-10 scale with 10 being the worst. She noted she was attending acupuncture therapy and it was helping. Therapies and medications were continued. MRI of the Cervical Spine, MRI of the lumbar spine, Ambien 10mg/1 (ORAL); 1 QHS #30, Soma 350mg 1 BID #60 and Ultracet 325mg/37.5mg 1 (ORAL); 1 Q6-8HRS PRN #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI cervical spine.

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the documentation indicates that the patent had a previous cervical MRI in 2002. She has received ongoing treatment and there are no new neurologic findings on physical exam to warrant another MRI study. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

MRI of the Lumbar Spine: 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, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to California MTUS Guidelines, MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, there is no indication for a repeat MRI of the lumbar spine. The documentation indicates that the claimant had an MRI of the lumbar spine in 2002. She has been receiving ongoing treatment and there are no subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence, and there are no new neurologic findings on physical exam. Therefore, there is no specific indication for a repeat MRI of the lumbar spine. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.

Soma 350mg 1 BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Ambien 10mg/1 (ORAL); 1 QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ambien (Zolpidem).

Decision rationale: Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia and is rarely recommended for long-term use. It can be habit-forming, and may impair function and memory more than opioid analgesics, and may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation of a history of insomnia. There is no documentation provided indicating medical necessity for Ambien. The requested medication is not medically necessary.

Ultracet 325mg/37.5mg 1 (ORAL); 1 Q6-8HRS PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: The review of the medical documentation indicates that the requested medication, Ultracet (Tramadol plus Acetaminophen), is not medically necessary or indicated for

the treatment of the patient's chronic pain condition. According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation, there has been no indication of the medication's pain relief effectiveness. Per California MTUS Guidelines, there have to be certain criteria followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. Medical necessity for the requested medication has not been established. The requested treatment with Ultracet is not medically necessary.