

<b>Case Number:</b>	CM15-0187542		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	06/11/2002
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male who sustained an industrial injury on 6-11-02. Diagnoses are spondylosis lumbosacral, degeneration lumbar- lumbosacral disc, and sciatica. Previous treatment includes medication, and epidural steroid injections, with greater than 50% pain relief for 4-6 months. In a progress report dated 8-21-15, the physician notes he continues to have low back pain with radicular symptoms in bilateral lower extremities and a report of a severe increase in pain (10 out of 10) since the last visit and that he went to urgent care one day and the emergency room the next day. It is reported that a combination of epidural steroid injections (around every 4 to 6 months) and medications have helped him to maintain his pain around a 5 out of 10 in the past. At this visit, pain is reported as 8-9 out of 10. He has experienced significantly increased pain after decreasing Norco from 8 tablets to 7 tablets per day. The physician notes they would like to switch him to a sustained release medication; Morphine ER 30mg twice a day. He will return in 2 weeks to evaluate his response to this medication. Soma for spasms, was decreased from 4 tablets per day to 3 tablets per day at his last visit and notes they would like to continue tapering of this medication in the future, but will not make changes this visit as the Norco is being switched to Morphine extended release. The physician notes he has reported gradually worsening pain over the last several years and has not had an MRI in the last few years and due to the nature of his complaints and that pain has increased, an MRI of the lumbar spine is requested. Work status is permanent and stationary with permanent disability. He is noted to be self-employed and reports his work has suffered greatly due to increased pain and he frequently has to lay down. On 8-31-15, the requested

treatment of a lumbar spine MRI was denied, Morphine Sulfate ER 30mg #60 was modified to morphine Sulfate ER 30mg # 54 and Soma 350 #90 was modified to Soma 350mg #81. Per the note dated 7/13/15, the patient had complaints of increasing low back pain with numbness and tingling in bilateral lower extremities. The patient has had MRI of the lumbar spine (date and report not specified) that revealed severe degenerative disc disease with central canal stenosis. Per the note dated 9/23/15, the patient had complaints of low back pain with radiation numbness and weakness in the lower extremities. The patient has had history of worsening of low back pain since the last 1 year. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm, guarding, positive SLR, 1+ reflexes and muscle weakness. Patient had received lumbar ESI for this injury. Patient had received extensive conservative treatment for this injury. The medication list include Norco, Soma, Atorvastatin, Losartan, Meloxicam and Morphine. The patient's surgical history includes removal of left patella. A recent urine drug screen report was not specified in the records provided.

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

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

#### **Lumbar Spine MRI: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Low Back, MRIS.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (updated 09/22/15) MRIs (magnetic resonance imaging).

**Decision rationale:** Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." ACOEM/MTUS guideline does not address a repeat MRI. Hence, ODG is used. Per ODG low back guidelines cited below, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has had a MRI of the lumbar spine that revealed severe degenerative disc disease with central canal stenosis. Per the note dated 9/23/15, the patient had complaints of low back pain with radiation numbness and weakness in the lower extremity. The patient has had history of worsening of low back pain since the last 1 year. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm, guarding, positive SLR, 1+ reflexes and muscle weakness. Patient had

received extensive conservative treatment for this injury. There is a possibility of significant neurocompression. The patient has been treated already with medications and physical therapy. The MRI of the Lumbar Spine MRI is deemed medically necessary for this patient.

**Morphine Sulfate ER 30mg #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, criteria for use.

**Decision rationale:** This is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids (like tramadol) and other non-opioid medications (antidepressants/ anticonvulsants), without the use of opioid, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. Morphine Sulfate ER 30mg #60 is not medically necessary for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

**Soma 350mg #90:** Overturned

**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:** As per cited guideline, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Soma for spasms, was decreased from 4 tablets per day to 3 tablets per day at his last visit and notes they would like to continue tapering of this medication in the future, but will not make changes this visit as the Norco is being switched to Morphine extended release. The physician notes he has reported gradually worsening pain over the last several years. The patient has had MRI of the lumbar spine that revealed severe degenerative disc disease with central canal stenosis. Per the note dated 9/23/15, the patient had complaints of low back pain with radiation numbness and weakness in lower extremity. The patient has had history of worsening of low back pain since the last 1 year. Physical examination of the lumbar spine revealed limited range of motion, tenderness on palpation, muscle spasm, guarding, positive SLR, 1+ reflexes and muscle weakness. The patient has significant objective findings including muscle spasm and recent exacerbation of pain. The patient has conditions that are prone to getting intermittent exacerbations. The request for use of Soma 350mg #90 is medically necessary and appropriate in this patient.