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| Case Number: | CM15-0200390 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 08/11/2014 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/02/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 56 year old male with a date of injury on 08-11-2014. The injured worker is undergoing treatment for lumbar herniated nucleus pulposus-radiculopathy-sprain-sciatica, cervical pain radiculopathy sprain and strain. A physician progress note dated 08-25-2015, 07-20-2015, 06-17-2015 documents the injured worker has continued neck and low back pain. He has cervical neck pain, shoulder, and hand pain. He rates his pain as 5-6 out of 10 and 4 out of 10 respectively. There are neck spasms and pins and needles sensation in the left index finger. He has low back, leg and buttock pain bilaterally. His low back pain is rated 5-6 out of 10 and his buttock pain is rated 4-5 out of 10. Cervical range of motion is normal with no instability. He has mild tenderness on palpation of the lumbar spine with lumbar flexion at 90 degrees and left rotation is 40 degrees. Treatment to date has included diagnostic studies, medications, lumbar steroid injection, cervical facet transforaminal epidurals, acupuncture, 12 chiropractic sessions, yoga and a home exercise program. Medications include a Medrol Dose Pack (02-05-2015), Soma (04-14-2015), and Celebrex (04-14-2015). He continues to work. A computed tomography scan of the lumbar spine done on 10-01-2015 revealed minimal intervertebral disc space narrowing at L3-L4, L5-S1. There is a prominent anterior osteophyte at the same level. There is facet arthropathy at L4-L5 and L5-S1 bilaterally. The lumbar Magnetic Resonance Imaging done on 10-01-2014 revealed multilevel disc changes revealing mild-moderate lateral recess stenosis. On 10-01-2014 a cervical Magnetic Resonance Imaging revealed intervertebral prosthesis at C4-C5, and C5-C6 levels with surrounding artifact. There are multilevel degenerative disc changes with mild central dural compression and moderate

multilevel foraminal narrowing at left C3-C4, bilateral C5-C6 and at left C6-C7 levels. An Electromyography of the bilateral upper extremities done on 01-29-2015 showed chronic bilateral C5 radiculopathy and possibly active right C7-8 radiculopathy versus carpal tunnel or other entrapment neuropathy. On 02-18-2015 Nerve Conduction Velocity study was done and revealed mild grade median motor axonal neuropathy when measured through the forearm to the wrist. This is most likely axon loss due to associated nerve root compression within the cervical spine. The Request for Authorization dated 09-19-2015 includes 1 prescription of Medrol Dosepak, Soma 350mg #60, physical therapy 2 x weeks for 1 month-cervical spine, cervical traction device, physical therapy 2 x week for 1 month-lumbar spine, Ambien 10mg #30, and neurological evaluation. On 10-02-2015 Utilization Review non-certified the request for 1 prescription of Medrol Dosepak and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Medrol Dosepak: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Oral Corticosteroids.

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

Decision rationale: Guidelines do not recommend oral corticosteroids as there is a lack of quality evidence supporting effectiveness in treatment of neck and back problems. In this case, the patient has had steroids in the past with only minimal and temporary relief provided. The request for Medrol Dosepak is not medically appropriate and necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, the patient has used this medication in the past with only minimal temporary relief and has chronic pain. The request for Soma 350 mg #60 is not medically appropriate and necessary.