

<b>Case Number:</b>	CM15-0201691		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	08/20/2001
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 65 year old male, who sustained an industrial-work injury on 8-20-01. A review of the medical records indicates that the injured worker is undergoing treatment for status post lumbar disc arthroplasty, bilateral lower extremity radiculopathy, status post cervical fusion, bilateral upper extremity radiculopathy, cervicogenic headaches, erectile dysfunction, depression and anxiety and medication induced gastritis. Treatment to date has included pain medications, Prozac, Ambien, Trazadone, Risperdal, Ativan from another provider, Levitra, Soma, Norco and Prilosec since at least 7-17-15, physical therapy with mild functional improvement, chiropractic, and other modalities. The treating physician indicates that the urine drug test result dated 4-27-15 and 6-8-15 was consistent with the medication prescribed and urine drug test dated 7-8-15 was inconsistent with the medications prescribed. Medical records dated 9-17-15 indicate that the injured worker complains of low back pain and bilateral leg pain. He also continues to complain of neck and bilateral arm pain and parasthesia and pain in the trigger fingers. The physician indicates that lumbar Magnetic Resonance Imaging (MRI) dated 7- 28-10 reveals evidence of total disc arthroplasty in place at L5-S1. The EMG and nerve conduction velocity studies (NCV) test dated 10-13-10 reveals chronic C6 and C7 radiculopathy. The cervical Magnetic Resonance Imaging reveals moderate to severe foraminal narrowing. Per the treating physician report dated 7-20-15 the injured worker has not returned to work. The physical exam reveals that he walks with a cane, cervical tenderness with increased muscle rigidity, numerous trigger points and decreased range of motion with muscle guarding. The sensory exam is

decreased along the arm and forearm in the C5-6 distribution bilaterally. The shoulder range of motion is decreased. The lumbar exam reveals tenderness, increased muscle rigidity, trigger points and decreased range of motion with muscle guarding. There is decreased lumbar range of motion. The sensory exam is decreased along the thigh, calf and foot L5-S1 distribution bilaterally. The straight leg raise in modified sitting position is positive at 60 degrees which caused radicular symptoms to the bilateral lower extremities (BLE). The physician indicates that the cervical and lumbar Magnetic Resonance Imaging (MRI) scans are more than 5 years old. He also indicates that after the studies are done a cervical and lumbar spinal cord stimulator will be considered and the injured worker will undergo a psychologic evaluation before the procedure. The request for authorization date was 9-17-15 and requested services included MRI of cervical spine with contrast, MRI of lumbar spine with contrast, Psychologic evaluation, Levitra 20 mg 1 tab po QD #10, Soma 350 mg 1 tab po TID #90, Norco 10-325 mg 1 tab po QID #120, Prilosec 20 mg BID PRN #60. The original Utilization review dated 9-30-15 non-certified the request for MRI of cervical spine with contrast, MRI of lumbar spine with contrast, Psychologic evaluation, Levitra 20 mg 1 tab po QD #10, Soma 350 mg 1 tab po TID #90, Norco 10-325 mg 1 tab po QID #120, Prilosec 20 mg BID PRN #60.

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

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

#### **MRI of cervical spine with contrast: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies, Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Neck and Upper Back MRI.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI test can be utilization for the evaluation of worsening cervical radicular pain when clinical examination and plain radiological tests are inconclusive. The records indicate that the last MRI test completed more than 5 years ago showed findings that is consistent with the clinical and EMG/NCV radiculopathy findings. The records indicate that the patient had persistent radicular pain that had not resolved with medications management and PT. The provider indicated that more interventional pain procedures including spinal cord stimulator therapy was being considered. The criteria for MRI of the cervical spine with contrast was met. The request is medically necessary.

#### **MRI of lumbar spine with contrast: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back-lumbar and thoracic (Acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Surgical Considerations, Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Low Back, MRI.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI test can be utilized for the evaluation of worsening lumbar radicular pain when clinical examination and plain radiological tests are inconclusive. The records indicate that the last MRI test completed more than 5 years ago showed findings that is consistent with the clinical findings of lumbar radiculopathy. The records indicate that the patient had persistent lumbar radicular pain that had not resolved with medication management and PT. The provider indicated that more interventional pain procedures including spinal cord stimulator therapy was being considered. The criteria for MRI of the lumbar spine with contrast was met. The request is medically necessary.

**Psychologic evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Spinal cord stimulators (SCS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Spinal Cord Stimulator, Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend Psychological Evaluation of chronic pain patients to exclude significant psychiatric disorder before implantation of spinal cord stimulator treatments. The presence of significant psychosomatic disorders is associated with decreased compliance and efficacy to interventional pain and surgical treatment procedures. The records indicate that the patient is utilizing multiple medications for the treatment of previously diagnosed anxiety and depression disorders. The patient is already under the care of mental health providers. The criteria for Psychological Evaluation was not met. The request is not medically necessary.

**Levitra 20 mg 1 tab po QD #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS did not address the utilization of medications for the treatment of erectile dysfunction. The ODG guidelines recommend that medications can be utilized for the treatment of erectile dysfunction after urological evaluation had excluded medical and pathological causes. The chronic utilization of high doses of opioids and sedative

medications can be associated with hypogonadism and erectile dysfunction. The records did not show that the sexual dysfunction had been fully evaluated to exclude treatable medical and correctable causes. There is no documentation of hormonal deficiency disorder. The criteria for the use of Levitra 20mg 1 tab po QD #10 was not met. The request is not medically necessary.

**Soma 350 mg 1 tab po TID #90: 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), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The utilization of Soma is associated with significantly high incidence of dependency and addiction disorders because of the action of Meprobamate, anesthetic like metabolite. The records indicate that the patient is utilizing multiple sedative and psychiatric medications concurrently. The duration of utilization of Soma had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Soma 350mg 1 tab po TID #90 was not met. The request is not medically necessary.

**Norco 10/325 mg 1 tab po QID #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids, Drug testing, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Wea. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs, non-opioid co-analgesics, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The guidelines recommend that anticonvulsant and antidepressant co-analgesic medications be utilized in chronic pain patients

with co-existing psychosomatic disorders. The records indicate that the patient is utilizing multiple sedative and psychiatric medications concurrently. There are documentations of non-compliance with medications treatment as shown by inconsistent UDS reports and lack of objective findings of functional restoration. The criteria for the use of Norco 10/325mg 1 tab po QID # 120 was not met. The request is not medically necessary.

**Prilosec 20 mg BID PRN #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastrointestinal symptoms in the elderly and patients with significant history of medication induced gastrointestinal disease. The records indicate that the patient have a significant history of medication induced gastritis that is responsive to treatment with omeprazole. The criteria for the use of Prilosec (Omeprazole) 20mg BID PRN #60 was met. The request is medically necessary.