

Case Number:	CM15-0025079		
Date Assigned:	02/17/2015	Date of Injury:	03/21/2010
Decision Date:	04/08/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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 53-year-old female with an industrial injury dated 03/21/2010. She presents on 01/20/2015 with complaints of low back and right leg pain. The pain score was noted as 7-8/10 with medications and 10/10 without medications. The provider documents MRI reveals multilevel disc protrusion with foraminal narrowing that could cause nerve root impingement and radiculitis. She states medications are beneficial with no side effects. Physical exam revealed increased tenderness and spasm over the right lumbosacral area. Range of motion was limited. Prior treatment includes epidural injections, hypnotherapy and pain medications. MRI reports are documented in the 01/20/2015 noted diagnoses that included Chronic pain syndrome, Sacroilitis, Degeneration of lumbar or lumbosacral intervertebral disc and thoracic or lumbosacral neuritis or radiculitis. There is a significant psychiatric history of major depression, dysthymic disorder and multiple psychosocial issues. On 12/16/2014, there were subjective complaints of insomnia and daytime somnolence. It was noted that the IW had declined treatments with psychotropic medications. There is a history of current use of medical Marijuana and a past history of amphetamine abuse. She is being evaluated for spinal cord stimulator trial. On 02/04/2015 utilization review issued the following decisions; Soma 350 mg tab one tab by mouth twice daily # 60 was modified to a quantity of 30, Celebrex 200 mg/tab one tablet by mouth twice daily # 60 was non-certified, Right lumbar 5- sacral 2 selective nerve root block was non-certified, Norco 10/325 mg tab one by mouth three times daily # 90 was modified to quantity of 45, Lyrica 50 mg tab one by mouth three times daily # 90 was modified to a quantity of 45. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50mg/tab; 1 tab PO TID #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 12-22.

Decision rationale: The CA MTUS recommend that anticonvulsant medications can be utilized for the chronic treatment of neuropathic pain and chronic pain syndromes associated with mood disorder. The use of anticonvulsant co-analgesic can result in pain relief, mood stabilization and opioid sparing effects. The records indicate that the patient was diagnosed with lumbar radiculopathy and chronic pain syndrome. There is report of pain relief and functional restoration with the use of Lyrica. There is no adverse medication effect reported. The criteria for the use of Lyrica 50mg tid was met.

Celebrex 200mg/tab; 1 tab PO BID #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 Treatment Guidelines 9792.24.2 Page(s): 67-73.

Decision rationale: The CA MTUS recommend that NSAIDs can be utilized for maintenance treatment of severe chronic musculoskeletal pain. The chronic use of high dose NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The use of NSAIDs is associated with decreased utilization of opioids and sedative medications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dose for the shortest duration. The records indicate efficacy and functional restoration with the use of Celebrex. There is no report adverse effect. The criteria for the use of Celebrex 200mg BID #60 was met.

Soma 350mg/tab; 1 tab PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 63-66.

Decision rationale: The CA MTUS recommend that muscle relaxants can be utilized for the short treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with opioids and sedatives. The chronic use of muscle relaxants is associated with the

development of tolerance, dependency, sedation, addiction and adverse interaction with sedative medications. The use of Soma is associated with increased risk of addiction and sedation because of the central action of the metabolite meprobamate which has anesthetic like effects. The records indicate that the patient had utilized Soma longer than the guidelines recommended maximum duration of 4 to 6 weeks. The patient is also utilizing opioid medications. The patient was noted to be non compliant with recommendation for psychotropic treatment. There is a past history of amphetamine addiction as well as concurrent use of medical marijuana. The criteria for the use of Soma 350mg BID #60 was not met.

Right L5-S1 selective nerve root block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.29.5 Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper back Mental illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that epidural steroid injections can be utilized for the treatment of lumbar radiculopathy when conservative treatments with medications and PT have failed. The records indicate that the patient had subjective, objective and radiological findings consistent with the diagnosis of lumbar radiculopathy. There are significant psychiatric and psychosomatic disorders that have not been controlled. The guidelines noted that the efficacy of surgery and interventional pain procedures are significantly decreased in patient with untreated or poorly controlled psychosomatic disorders. It was noted that the patient declined treatment with psychotropic medications. The criteria for the right L5-S1 selective nerve root block was not met.

Norco 10/325mg/tab; 1 tab PO TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Opioids Mental Illness and Stress.

Decision rationale: The CA MTUS recommend that opioids can be utilized for the short treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, sedation, opioid induced hyperalgesia, addiction and adverse interaction with sedative medications. The use of opioids with sedatives, marijuana and psychiatric medications is associated with increased risk of addiction, diversion and sedation. The guidelines recommend compliance monitoring including serial UDS, documentation of absence of aberrant behavior, compliance with psychiatric treatment and counseling during chronic opioids treatment. The patient is also utilizing opioids with other sedative compounds concurrently. The patient was

noted to be non-compliant with recommendation for psychotropic medications treatment. There is a past history of amphetamine addiction as well as concurrent use of medical marijuana. The criteria for the use of Norco 10/325 TID #90 was not met.