

<b>Case Number:</b>	CM15-0027114		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	01/19/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old female, who sustained an industrial injury on March 26, 2015. She has reported an attack by another individual. The diagnoses have included lumbar spine herniated disc, and right sided radiculopathy. Treatment to date has included medications, lumbar injections, radiological imaging, chiropractic care, trigger point injections, home exercise program, rest, and acupuncture. Currently, the IW complains of pain and muscle spasm of the low back with radiation down the right leg into the right foot. Physical findings reveal tenderness of the lumbar region, no gross deformity, muscle spasms noted on the right. Lumbar range of motion: flexion 45 degrees, extension and bilateral lateral bending 25 degrees. A decreased sensation at the dorsal aspect of the right foot is noted. The records indicate a magnetic resonance imaging from February 19, 2014, reveals disc bulging. On February 4, 2015, Utilization Review non-certified Soma 350 mg, #60, and Ultram 50 mg, #60, and Anaprox 550 mg, #60, physical therapy three times weekly for four weeks for the lumbar spine. The MTUS guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of Soma 350 mg, #60, and Ultram 50 mg, #60, and Anaprox 550 mg, #60, physical therapy three times weekly for four weeks for the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Soma 350mg #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 Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with unrated lower back pain, which radiates into the right lower extremity, and associated numbness and weakness to that extremity. The pain is exacerbated by sitting and standing. The patient's date of injury is 01/19/14. Patient is status post L4-L5 lumbar ESI on 05/06/14. The request is for RETROSPECTIVE SOMA 350MG #60. The RFA was not provided. Physical examination dated 01/21/15 reveals tenderness to palpation of the lumbar paraspinal muscles, notes diffuse lumbar muscle spasms and positive Lasegue's test on the right. Neurological examination of the right lower extremity reveals decreased sensation on the dorsal aspect of the foot. The patient is currently prescribed Anaprox, Ultram, and Soma. Diagnostic imaging included MRI of the lumbar spine dated 02/19/14, significant findings include: "L5-S1 there is a circumferential disc bulge seen, measures 4mm in diameter along with ligamentous hypertrophy and facet degenerative changes." L4-L5 there is a circumferential disc bulge seen with a right subarticular zone focally measures up to 5mm. Per 01/21/15 progress report, patient is classified as temporarily totally disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol, Soma, Soprodal 350, Vanadom, generic available: Neither of these formulations is recommended for longer than a 2 to 3 week period." In regards to the requested Soma, the duration of this medication's utilization exceeds guideline recommendations. This patient has been receiving Soma since at least 12/05/14. MTUS guidelines do not support the use of this medication for periods of time longer than 2-3 weeks. The request for 60 tablets does not imply intended short-term use. Therefore, the request IS NOT medically necessary.

**Retrospective: Ultram 50mg #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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with unrated lower back pain which radiates into the right lower extremity, and associated numbness and weakness to that extremity. The pain is exacerbated by sitting and standing. The patient's date of injury is 01/19/14. Patient is status post L4-L5 lumbar ESI on 05/06/14. The request is for RETROSPECTIVE ULTRAM 50MG #60. The RFA was not provided. Physical examination dated 01/21/15 reveals tenderness to palpation of the lumbar paraspinal muscles, notes diffuse lumbar muscle spasms and positive Lasegue's test on the right. Neurological examination of the right lower extremity reveals decreased sensation on the dorsal aspect of the foot. The patient is currently prescribed Anaprox, Ultram, and Soma. Diagnostic imaging included MRI of the lumbar spine dated 02/19/14, significant findings include: "L5-S1 there is a circumferential disc bulge seen,

measures 4mm in diameter along with ligamentous hypertrophy and facet degenerative changes." L4-L5 there is a circumferential disc bulge seen with a right subarticular zone focally measures up to 5mm. Per 01/21/15 progress report, patient is classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request for Ultram, treater has not provided adequate documentation of efficacy to continue use. Records provided indicate that this patient has been taking Ultram since at least 11/07/14. Progress note dated 01/21/15 does not provide a reduction in pain level, functional improvements, consistent urine drug screens, or discussion of aberrant behavior. Owing to a lack of 4As as required by MTUS, the continued use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Retrospective: Anaprox 550mg #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 Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with unrated lower back pain which radiates into the right lower extremity, and associated numbness and weakness to that extremity. The pain is exacerbated by sitting and standing. The patient's date of injury is 01/19/14. Patient is status post L4-L5 lumbar ESI on 05/06/14. The request is for RETROSPECTIVE ANAPROX 550MG #60. The RFA was not provided. Physical examination dated 01/21/15 reveals tenderness to palpation of the lumbar paraspinal muscles, notes diffuse lumbar muscle spasms and positive Lasegue's test on the right. Neurological examination of the right lower extremity reveals decreased sensation on the dorsal aspect of the foot. The patient is currently prescribed Anaprox, Ultram, and Soma. Diagnostic imaging included MRI of the lumbar spine dated 02/19/14, significant findings include: "L5-S1 there is a circumferential disc bulge seen, measures 4mm in diameter along with ligamentous hypertrophy and facet degenerative changes." L4-L5 there is a circumferential disc bulge seen with a right subarticular zone focally measures up to 5mm. Per 01/21/15 progress report, patient is classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for a continuing prescription of Anaprox, treater has not documented pain relief or functional improvement attributed to this

medication. Anaprox has been prescribed since at least 09/02/14. Treater does not discuss the impact of the NSAID on patient's pain or function in any of the reports. Although use of oral NSAIDs may be indicated given the patient's chronic pain condition, without documentation of efficacy, continued use cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Physical Therapy 3 x Wk x 4 wks, Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** The patient presents with unrated lower back pain which radiates into the right lower extremity, and associated numbness and weakness to that extremity. The pain is exacerbated by sitting and standing. The patient's date of injury is 01/19/14. Patient has no documented surgical history directed at this complaint. The request is for PHYSICAL THERAPY 3X WK X 4 WKS LUMBAR. The RFA was not provided. Physical examination dated 01/21/15 reveals tenderness to palpation of the lumbar paraspinal muscles, notes diffuse lumbar muscle spasms and positive Lasegue's test on the right. Neurological examination of the right lower extremity reveals decreased sensation on the dorsal aspect of the foot. The patient is currently prescribed Anaprox, Ultram, and Soma. Diagnostic imaging included MRI of the lumbar spine dated 02/19/14, significant findings include: "L5-S1 there is a circumferential disc bulge seen, measures 4mm in diameter along with ligamentous hypertrophy and facet degenerative changes." L4-L5 there is a circumferential disc bulge seen with a right subarticular zone focally measures up to 5mm. Per 01/21/15 progress report, patient is classified as temporarily totally disabled. MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." In regards to the request for 12 physical therapy sessions for the management of this patient's chronic pain, the treater has specified an excessive number of sessions. Ordinarily, physical therapy is recommended as a conservative option for this patient's condition. While there is no documentation of prior physical therapy or discussion of efficacy, the requested 12 sessions exceed MTUS guidelines which specify a maximum of 10 with documented improvement. Therefore, the request IS NOT medically necessary.