

<b>Case Number:</b>	CM15-0058759		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	05/09/1997
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62-year-old female who reported an injury on 05/09/1997. The mechanism of injury was not specifically stated. The current diagnoses include anxiety, depression, and lumbar disc displacement without myelopathy, lumbar degenerative disc disease, and lumbar facet arthropathy. The injured worker presented on 02/26/2015 for a follow-up evaluation regarding low back and right lower extremity pain. It was noted that the injured worker had been previously treated with epidural steroid injections, chiropractic therapy, physical therapy, and multiple medication. The injured worker reported 6/10 pain. The physician indicated the current medication regimen allowed the injured worker to maintain functional mobility and tolerance of activities of daily living and home exercise. The current medication regimen includes methadone 10 mg, oxycodone 30 mg, Soma 350 mg, Klonopin 1 mg, metoprolol 50 mg, and Prilosec. Upon examination, there were diminished deep tendon reflexes in the bilateral upper and lower extremities, exquisite tenderness over L3-S1 with extension and lateral bending, diminished lumbar range of motion, negative straight leg raise, and an inability to walk on toes or heels. The injured worker demonstrated an antalgic gait with weakness of the bilateral lower extremities. There was palpable muscle spasm noted at L4-S1. Diminished sensation in the bilateral L4 and right L5-S1 distribution was also noted. Treatment recommendations included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MBB: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet joint diagnostic block.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state invasive techniques such as facet joint injections are of questionable merit. The Official Disability Guidelines recommend a facet joint diagnostic block when the clinical presentation is consistent with facet joint pain, signs and symptoms. In this case, there was no objective evidence of facet mediated pain upon examination. The request as submitted failed to indicate the specific levels at which the medial branch block will take place. Given the above, the request is not medically necessary.

**Methadone HCL 10mg, #180: 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 Page(s): 61-62.

**Decision rationale:** California MTUS Guidelines recommend methadone as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. In this case, the injured worker has continuously utilized the above medications since at least 09/2014. There is no documentation of objective functional improvement despite the ongoing use of this medication. The injured worker continues to present with 6/10 pain. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

**Oxycodone HCL 30mg, #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 Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the injured worker has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, the injured worker has continuously utilized the above medication since at least 09/2014. There is no documentation of objective functional improvement despite

the ongoing use of this medication. In addition, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Soma 350mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. The injured worker has utilized the above medication since at least 09/2014. The request for 3 additional refills would not be supported, as guidelines do not recommend long term use of this medication. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.