

Case Number:	CM15-0085379		
Date Assigned:	05/07/2015	Date of Injury:	01/13/2003
Decision Date:	06/10/2015	UR Denial Date:	04/04/2015
Priority:	Standard	Application Received:	05/04/2015

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 Jersey

Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on January 13, 2003. She has reported back pain radiating from the low back down the left leg. There was also right knee pain and has been diagnosed with post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease, knee pain, pain in the joint lower leg, foot pain, and sacroiliac pain. Treatment has included medical imaging, medications, physical therapy, and chiropractic care. Examination of the lumbar spine showed loss of normal lordosis with straightening and restricted range of motion. There was tenderness noted on L5 and over the surgical scar. Straight leg raising test is positive on the left side in supine position. MRI showed minimal degenerative changes with mild increased signal in the medial patella facet. There is a degeneration/tear of the ACL graft site and there is note of both tibial and femoral tunnel fluid. There is impingement of the graft at the femorotibial junction with anterior positioning of the medial meniscus. The treatment request included X-rays of the lumbar spine and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Series of The Lumbar Spine with Flexion/Extension View: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In the case of this worker, there was a recent report of worse low back pain. However, there was no significant evidence (subjective or objective physical findings) which suggested there was a red flag diagnosis to warrant x-ray imaging. There was also no indications that there was a change in the diagnosis from previous designations. Therefore, it appears based on the documentation provided for review that the request for lumbar x-ray is not medically necessary and will likely not lead to better management of the worker's chronic pain, in the opinion of this reviewer.

Soma 350 MG #60: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The MTUS also states that carisoprodol specifically is not recommended as it is not indicated for long-term use, mostly due to its side effect profile and its potential for abuse. Weaning may be necessary for patients using high doses of carisoprodol. In the case of this worker, there was evidence of chronic use of Soma leading up to this request with the current request for #60 pills suggesting the intention of the provider was to continue to treat with Soma on a chronic basis, which is not recommended for this medication. Therefore, the request for Soma will be considered medically unnecessary. Weaning may be indicated.