

<b>Case Number:</b>	CM14-0142106		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 underlying date of injury in this case is 01/20/2003. The date of the utilization review under appeal is 08/18/2014. The patient's treating diagnoses include lumbosacral radiculopathy, lumbosacral sprain, and cervicgia. On 08/06/2014, the patient was seen in primary treating pain physician follow-up. The patient reported ongoing pain in the low back and knee. The treating physician noted that an authorization was recently denied for an epidural injection although the patient had previously had a significant amount of pain relief from epidural injections. Thus, the patient wished to appeal that denial. Medications included Ambien, Celebrex, Neurontin, Norco, Prilosec, and Soma. On exam, the patient had an antalgic gait with limited motion in the spine although no specific focal neurological deficit. The treating physician planned to continue the patient's medications as the patient continued to be compliant without significant side effects and as the medications were noted to improve function and decrease symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** ACOEM Guidelines, Chapter 12, Low Back, page 309, recommends MRI imaging when there is specific physical exam findings or a specific differential diagnosis suggesting red flag findings or change in the patient's neurological status. The medical records do not document such an indication at this time for an MRI of the lumbar spine. This request is not supported by the treatment guidelines. This request is not medically necessary.

**Ambien CR 12.5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Zolpidem (Ambien)

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

**Decision rationale:** This request is not specifically discussed in the Medical Treatment Utilization Schedule. Official Disability Guidelines/Treatment in Workers' Compensation/Pain discusses insomnia management and recommends Ambien for use up to 10 days. This same guideline also does not recommend pharmacological treatment of insomnia without clear discussion of the etiology of sleep dysfunction. This guideline has not been met in this situation. There is very limited discussion of indication for Ambien. This request is not medically necessary.

**Celebrex 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs (non-steroidal a.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatories Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section in anti-inflammatory medication recommends the use of Celebrex only if there is a specific indication as to why the patient has gastrointestinal risk factors. Such risk factors are not documented in the medical record. The records do not establish a rationale for use of a COX-2 inhibitor rather than a traditional NSAID. This request is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. The medical records in this case do not discuss such 4 A's of opioid management. There is not clear documentation of diagnosis for which chronic opioids are indicated. There is no clear discussion of functional goals or functional benefit from such opioid use. This request is not supported by the treatment guidelines. This request is not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories and Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms, page 68, states the clinician should determine if the patient is at risk for gastrointestinal side effects or gastrointestinal complications. The medical records do not discuss a rationale or indication for Prilosec at this time. There is no rationale given in the medical records or guidelines to support Prilosec at this time. This request is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol/Soma Page(s): 29.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Carisoprodol/Soma, page 29, states that this medication is not indicated for long-term use. The medical records in this case do not provide an alternate rationale or indication as to why this medication would be indicated at this time. This request is not medically necessary.