

<b>Case Number:</b>	CM14-0143382		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/09/2005
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 50 year old female who sustained an industrial injury on 02/09/2005. The mechanism of injury was not provided for review. Her diagnosis is chronic low back pain with radiculopathy. She continues to complain of low back pain and on physical exam there is mild to moderate paralumbar muscle spasm with decreased range of motion of the lumbar spine. The straight leg raise test was positive bilaterally at 80 degrees in the sitting position which caused low back, posterior thigh, buttock and calf pain. The Lasegue's test was negative bilaterally. Treatment includes medical therapy with Norco, Soma, Naproxen, Xanax, and Prilosec. The treating provider has requested an MRI of the lumbar spine, Norco # 60, Soma, Xanax 0.5mg, Naproxen 550mg, Prilosec 20mg, and follow-up visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 304.

**Decision rationale:** There is no indication for the requested magnetic resonance imaging (MRI) of the lumbar spine. There is no documentation of any significant change in the injured worker's complaints or exam. She is maintained on medical therapy and there have been no new neurologic findings or subjective complaints of increased back pain, radiculopathy, and bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his chronic back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The request for Magnetic Resonance Imaging (MRI) of the Lumbar Spine is not medically necessary.

**Norco QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91,78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-97.

**Decision rationale:** The documentation indicates the injured worker has been treated with opioid therapy with Norco for pain control. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this injured worker. The injured worker has continued pain despite the use of short acting opioid medications. Medical necessity for Norco 10/325 has not been established. The request for Norco QTY 60 is not medically necessary.

**Soma 350mg QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** Per the reviewed literature, Carisoprodol (Soma) is not recommended for the long-term treatment of musculoskeletal pain. The medication has its greatest effect within 2 weeks. It is suggested that the main effect of the medication is due to generalized sedation and treatment of anxiety. Soma is classified as a Schedule IV drug in several states. It can cause physical and psychological dependence as well as withdrawal symptoms with abrupt discontinuation. There is no documentation of functional improvement from any previous use of

this medication. Per Ca MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for chronic use of this muscle relaxant medication has not been established. The request for Soma 350mg QTY 1 treatment is not medically necessary.

**Naproxen 550mg QTY:1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73,24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page 67.

**Decision rationale:** The requested medication, Naproxen is medically necessary for the treatment of the claimant's pain condition. Naproxen is a nonsteroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has significant low back pain and the medication has proved beneficial in for pain control. Long-term use should include periodic monitoring of renal and liver function. Medical necessity for the requested item has been established. The request for Naproxen 550mg QTY 1 is medically necessary.

**Xanax 0.5mg QTY:1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): page 24.

**Decision rationale:** Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The claimant is not maintained on any anti-depressant medication. Medical necessity for the requested medication, Xanax has not been established. The request Xanax 0.5mg QTY 1 for is not medically necessary.

**Prilosec 20mg QTY:1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of Aspirin, Corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The request for Prilosec 20mg QTY 1 is not medically necessary.

**Follow-Up visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain

**Decision rationale:** The injured worker has a history of chronic low back pain and is maintained on medical therapy. Per ODG guidelines office visits with health care practitioners play a critical role in the proper diagnosis and return to function of an injured worker. The injured worker is maintained on medical therapy and requires regular follow-up to assess his condition and monitor his response to therapy. Medical necessity for the requested service has been established. The request for a Follow-Up Visits is medically necessary.