

Case Number:	CM14-0145260		
Date Assigned:	09/12/2014	Date of Injury:	06/02/2000
Decision Date:	10/14/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/08/2014

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 Family 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:

This is a 52-year-old male with a 6/2/00 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 6/18/14, the patient complained of persistent intermittent lumbar spine pain radiating down both legs and into the thoracic spine. He reported that his pain was alleviated somewhat with medications. The provider is requesting thoracic spine MRI and lumbar spine MRI to assess the degree of disc damage. An MRI of the lumbar spine from 6/26/08 revealed there is dextroscoliois, the alignment and lordosis are maintained, there are no fractures, the conus is unremarkable, the paravertebral musculature is unremarkable, the cord ends at about L1. Objective findings: tenderness to the lumbar and thoracic paraspinals, decreased thoracic and lumbar ROM (range of motion) due to pain, positive straight leg raise noted at 60 degrees, decreased sensation bilaterally at L4-5. Diagnostic impression: cervical discopathy with disc displacement, lumbar discopathy with disc displacement, thoracic discopathy with disc displacement. Treatment to date: medication management, activity modification. A UR decision dated 8/7/14 modified the request for Norco from 560 tablets to 420 tablets, and denied the requests for Soma, thoracic spine MRI, and lumbar spine MRI. Regarding Norco, there was documented functional benefit, this request was modified to 420 tablets for this single instance. Regarding Soma, there are no muscle spasms documented on physical exam and there is no documented functional improvement from its previous use in this patient. Regarding thoracic spine MRI and lumbar spine MRI, there is no documentation of red flag conditions, evidence of neurologic dysfunction, or failed therapy trials.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity: 560.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain; When to Continue Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2000 date of injury, over a decade ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. The most recent urine drug screen provided for review is dated 6/12/13. Therefore, the request for Norco 10/325mg quantity: 560.00 is not medically necessary.

Soma 350mg quantity: 360.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 29, 65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Carisoprodol)

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. There is no documentation of spasms in the most recent reports reviewed. There is no documentation of how long the patient has been taking Soma. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Soma 350mg quantity: 360.00 is not medically necessary.

One thoracic spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178; 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, TABLE 12-8, Chronic Pain Treatment Guidelines 9792.23.5 LOW BACK COMPLAINTS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. According to the reports reviewed, there is no documentation of specific nerve compromise noted on physical examination. In addition, there is no discussion regarding prior imaging. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for One thoracic spine MRI is not medically necessary.

One lumbar spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, Chronic Pain Treatment Guidelines 9792.23.5 LOW BACK COMPLAINTS.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient had a lumbar MRI performed 6/26/08; however, there is no documentation of significant changes in the patient's condition that would warrant repeat imaging. According to the reports reviewed, there is no documentation of focal neurologic deficits noted on physical examination. Furthermore, there is no documentation as to failure of conservative management. Therefore, the request for One lumbar spine MRI is not medically necessary.