

Case Number:	CM14-0085392		
Date Assigned:	08/06/2014	Date of Injury:	02/18/2005
Decision Date:	09/24/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/09/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 54-year-old female who reported injury on 02/18/2005. Mechanism of injury was not submitted for review. The injured worker has a diagnosis of lumbar spine pain. Past treatments consist of ESIs, physical therapy, aquatic therapy, and medication therapy. Medications include Ambien 10 mg, Soma 350 mg, Vicodin 7.5/300 mg, Prilosec 20 mg, and Motrin 800 mg. The duration and frequency were not documented in the submitted report. X-rays that were done on the lumbar spine revealed significantly increased listhesis at the L4-5 level. 2 views lumbar spine x-rays show worsening of listhesis at L4-5. It is now grade 2 when it was previously a grade 1 at L4-5 with instability on flexion and extension. The injured worker had surgery to the lumbar spine. The injured worker complained of low back pain that radiated to both legs, worse on the right. There were no measurable levels of pain documented in the submitted report. Physical examination dated 08/27/2013 it revealed that the injured worker's lumbar spine was very stiff, with low back pain with extension of barely 5 degrees and flexion of 30 degrees, with right and left lateral bending of 5 degrees causing moderate low back pain. Lying flat increased the low back pain. Straight leg raising test on the right side, with the patient in a seated position at 70 degrees, caused the right foot to go numb, but she described no pain. The same test was done on the left side, caused low back pain with shooting pain to the left lower extremity. Examination of the lower extremities revealed full range of motion. The treatment plan is for the injured worker to undergo another MRI of the lumbar spine, NCV/EMG of the lower extremities bilaterally, continuation of Ambien, Vicodin, Soma, and Prilosec. The rationale and Request for Authorization Form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine with and without Gadolinium: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The request for MRI of Lumbar Spine with and without Gadolinium is not medically necessary. ACOEM guidelines recommend the use of MRI when and only when there is unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. Given the above, the injured worker is not within ACOEM Guidelines. The injured worker's report revealed she had complaints of pain that radiated to her lower extremities. The injured worker had no evidence of any soft tissue deficits or any nerve dysfunctions. It was also noted that in a submitted report that the injured worker had received physical therapy treatment. The reports lacked any evidence as to whether the PT had been effective or ineffective. Furthermore, the submitted reports did not indicate any subjective or objective changes over the past months that would warrant an MRI of the lumbar spine. There were no documentations of objective pain level ratings, no clear neurological deficits, and no objective illustrating progressive deficits. As such, the request for MRI of lumbar spine with and without gadolinium is not medically necessary.

NCV Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Pain (Chronic).

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 Chapter, Nerve conduction studies (NCS).

Decision rationale: ODG guidelines do not recommend NCV as there is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy. There is no documentation of peripheral neuropathy condition that exists in the bilateral lower extremities. There is no documentation specifically indicating the necessity for both an EMG and NCV. In the management of spine trauma with radicular symptoms, EMG/nerve conduction studies (NCS) often have low combined sensitivity and specificity in

confirming root injury, and there is limited evidence to support the use of often uncomfortable and costly EMG/NCV. Given the above, the injured worker is not within ODG. The report submitted revealed that the injured worker suffered from chronic low back pain with radiation into the lower extremities. The last EMG/NCV of the lower extremities revealed abnormal findings consistent with bilateral L5-S1 nerve root impingement. Since these findings, there has been no further documentation of subjective/objective changes that show progressive neurological deficits to warrant further imaging. As such, the request for NCV bilateral lower extremities is not medically necessary.

EMG Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM states that electromyography (EMG), including H reflex tests, and may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks. There should be documentation of 3 to 4 weeks of conservative care and observation. Given the above, the injured worker is not within ODG. The report submitted revealed that the injured worker suffered from chronic low back pain with radiation into the lower extremities. The last EMG/NCV of the lower extremities revealed abnormal findings consistent with bilateral L5-S1 nerve root impingement. Since these findings, there has been no further documentation of subjective/objective changes that show progressive neurological deficits to warrant further imaging. As such, the request for EMG bilateral lower extremities is not medically necessary.

Ambien 10 mg #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 (ODG): Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Treatment for Insomnia (Ambien).

Decision rationale: Official Disability Guidelines indicate Zolpidem (Ambien) is a prescription short-acting non benzodiazepine hypnotic, appropriate for the short-term treatment of insomnia, generally 2 - 6 weeks. The submitted reports indicated that the injured worker has been taking Ambien since at 08/27/2013. The Official Disability Guidelines stipulate that this medication should be for short term use, generally 2 to 6 weeks. Given the above, the injured worker exceeds the recommended ODG guidelines. The submitted request also failed to include the frequency and duration of the requested medication. Furthermore, the efficacy of the medication

was not documented in the submitted report. As such, the request for Ambien 10 mg is not medically necessary.

Vicodin ES 7.5/300 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG): Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Ongoing Management Page(s): 91, 78.

Decision rationale: The injured worker complained of low back pain that radiated to both legs, worse on the right. There were no measurable levels of pain documented in the submitted report. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Documentation submitted for review did not indicate what the injured worker's pain levels were using VAS. There was no evidence as to what the injured worker's pain levels were before, during, or after the medication. There was no documentation of adverse side effects with the use of the opioid. Additionally, it was noted that the injured worker had been taking Vicodin since at least 2012. There was no drug screens submitted, showing that the injured worker was in compliance with the MTUS. Furthermore, the submitted report did not indicate a frequency or duration on the medication. As such, the request for Vicodin ES is not medically necessary.

Soma 350 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

Decision rationale: The injured worker complained of low back pain that radiated to both legs, worse on the right. There were no measurable levels of pain documented in the submitted report. The California MTUS states that Soma (Carisoprodol) is not indicated for longer than a 2 to 3 week period. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant. 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 abuse has also been noted in order to augment or alter effects of other drugs. There was no quantified information regarding pain relief and no documentation of the efficacy given. The injured worker continued to have muscle spasms on examination. There was a lack of documentation on functional deficit improvement as result of this medication. Furthermore, it is not for the use of longer than 2 to 3

weeks. The submitted reports indicated that the injured worker had been taking the medications since at least 10/23/2012. The injured worker has chronic back pain which is an indication for this, but only as a second line option and only for acute exacerbation and there was no documentation that the injured worker had an acute exacerbation. Additionally, the request as submitted did not specify the frequency and duration of the medication. Given the above, the request for Soma is not supported by the California Medical Treatment Utilization Schedule Guidelines. As such, the request for Soma 350 mg is not medically necessary.

Prilosec 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPIs, Prilosec (Omeprazole) Page(s): 68-69.

Decision rationale: The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked evidence as to how long the injured worker had been taking the Motrin. Furthermore, there was no documentation indicating that she had complaints of dyspepsia with the use of the NSAID medication, significant risk factors for gastrointestinal events or cardiovascular disease. In the absence of this documentation the request is not supported by the evidence-based guidelines. Additionally, the request failed to include the frequency and duration. As such, the request for Prilosec 20 mg is not medically necessary.

Motrin 800 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The injured worker complained of low back pain that radiated to both legs, worse on the right. There were no measurable levels of pain documented in the submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend anti-inflammatories as the traditional first line treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs in chronic LBP. The reports submitted revealed lack of updated documentation on the functionality of the Motrin's effectiveness. There was no evidence reporting the injured worker's measurable pain rate prior to the medication, during, and after. There was a lack of documentation showing whether the Motrin helped with the injured worker's

functional deficits. Furthermore, there was no mention of functional restoration due to the use of a medication. As such, the request for Motrin 800 mg is not medically necessary.