MAXIMUS Federal Services

Case Number:	CM15-0014641		
Date Assigned:	02/02/2015	Date of Injury:	03/07/1997
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/26/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 66 year old female, who sustained an industrial injury on March 7, 1997. The diagnoses have included diabetes mellitus type II, chronic back pain with radiculopathy, chronic bilateral lower extremity radicular symptoms, probable TMJ syndrome non-industrial, degenerative joint disease of the left hip post op right hip replacement on April 24, 2014 and status post motor vertical accident on December 9, 2011. Treatment to date has included L5-S1 discectomy with residual L5-S1 disc fragment, Magnetic resonance imaging on July 16, 2000, lumbar discectomy on January 2, 1998, Magnetic resonance imaging on May 12, 2010. Currently, the injured worker complains of low back pain and right hip pain, pain and tingling in both legs and cramps in her legs. In a progress note dated December 18, 2014, the treating provider reports ante-flexion of the trunk on the pelvis allows for forty-five degrees of flexion, extension is zero, rotation to the left is ten degrees, to the right is ten degrees, lateral flexion to the left is five degrees as well as the right, there is paralumbar tenderness from L2-L5-S1, there is greater than left Sacroiliac tenderness and there is bilateral trochanteric tenderness. On January 9, 2015 Utilization Review non-certified a Norco 5/325mg one by mouth every six hours quantity 120 no refills, Soma 350mg one by mouth every six hours as needed spasm quantity 120 with no refills and Magnetic resonance imaging of lumbar spine, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Norco 5/325mg, 1 by mouth every 6 hours #120 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for 1 Norco 5/325mg, 1 by mouth every 6 hours #120 with no refills is not medically necessary.

1 Soma 350mg, 1 by mouth every 6 hours as needed spasm #120 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Muscle relaxants (for pain) Page(s): 29 and 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Soma (Carisoprodol)

Decision rationale: MTUS states regarding Carisoprodol, not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is Meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. 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. In regular abusers the main concern is the accumulation of Meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs. ODG States that Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use. Guidelines do not recommend long term usage of Soma. Treating

physician does not detail circumstances that would warrant extended usage. As such, the request for 1 Soma 350mg, 1 by mouth every 6 hours as needed spasm #120 with no refills is not medically necessary.

MRI scan of the Lumbar Spine: 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): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging)

Decision rationale: MTUS and ACOEM recommend MRI, in general, for low back pain when cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery. ACOEM additionally recommends against MRI for low back pain before 1 month in absence of red flags. ODG states imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms. The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI scan of the Lumbar Spine is not medically necessary.