MAXIMUS Federal Services

Case Number:	CM15-0133652		
Date Assigned:	07/21/2015	Date of Injury:	01/18/2002
Decision Date:	11/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50-year-old male, who sustained an industrial injury on January 18, 2002, incurring low back injuries. There was no history of any back injuries or trauma. He was diagnosed with lumbar degenerative disc disease with focal disc protrusions, lumbar facet sclerosis and lumbosacral stenosis. Treatment included physical therapy, bone scan, Electromyography studies, pain medications, epidural steroid injection, oral steroid medications, muscle relaxants, topical analgesic creams, and transcutaneous electrical stimulation unit and activity restrictions. Currently, the injured worker complained of persistent low back pain radiating to his buttocks and left hip and left leg with tingling, cramping, burning, throbbing, and aching. He rated 4 out of 10 on a pain scale. He noted limited range of motion with flexion and extension. The injured worker stated that as a result of his industrial injury, he had difficulties with urination, bowel movements, grooming, dressing, undressing, bathing and showering. He used a cane and walker for mobility. He had difficulties with prolonged standing, walking, sitting, and bending, stooping, kneeling, lifting and carrying secondary to constant low back pain. The injured worker was placed of permanent disability. The treatment plan that was requested for authorization on July 10, 2015, included a prescription for Soma; a lumbar Magnetic Resonance Imaging; pain management consultation; treatment for possible lumbar epidural steroid injection; and laboratory work (chemistry 8, hepatic functional panel, CPK, CRAP, Arthritis Panel and CBC). On June 26, 2015, denial for the above requested treatment was decided by utilization review. The July 2015 progress report indicates decreased sensation in the S1 dermatome in the left lower extremity. A previous epidural injection was reported to improve his pain by 80% with improved range of motion and reduction of pain medication use. The patient uses Vicodin and Soma approximately once per week in the summer and 3 times per

week in the winter. The report indicates that Soma will be used sparingly for periods of spasmodic features over the lumbar spine. The patient has reported significant benefit from this medicine previously. The note goes on to recommend lab work to ensure that the patient is safely hepatically metabolizing and renally excreting the medications prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Soma 350mg #20, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, it appears that this medicine is being started for flare-ups of pain. A small quantity is being provided for intermittent use. This is in accordance with guidelines. Of course future use will depend on documentation of analgesic benefit and/or functional improvement as a result of the intermittent use of this medicine. In light of the above, the currently requested Soma 350mg #20 is medically necessary.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRIs (magnetic resonance imaging).

Decision rationale: Regarding the request for repeat lumbar MRI, Occupational Medicine Practice Guidelines state that 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 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. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.

Pain management consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127x Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit Page Number 52.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications, and although repeat epidural has been discussed, the medical necessity for the procedure has not been documented. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.

Treatment for possible lumbar ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Regarding the request for repeat Lumbar epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there is no indication of pain relief, functional benefit, and associated reduction of medication use for 6 to 8 weeks from previous epidural injections. As such, the currently requested repeat lumbar epidural steroid injection is not medically necessary.

Lab work (chem 8, hepatic functional panel, CPK, CRP, Arthritis panel and CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: Regarding the request for lab work, Chronic Pain Medical Treatment Guidelines state that lab work including CBC as well as chemistry panels to evaluate renal and liver function may be indicated for the ongoing use of some medications. ODG recommends monitoring chemistry panels for routine NSAID use. Within the documentation available for review, it appears that the patient is taking medication on a regular basis. However, no justification has been provided for the requested CPK, CRP, and arthritis panel. The requesting physician has asked for lab work to evaluate the patient's renal and hepatic function with regards to metabolism of the prescribed medicines. Unfortunately, he has not mentioned why the other tests are being requested, and there is no provision to modify the current request. As such, the currently requested lab work is not medically necessary.