

Case Number:	CM15-0149061		
Date Assigned:	08/12/2015	Date of Injury:	01/12/2011
Decision Date:	11/23/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/31/2015

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: New York, Montana, California
 Certification(s)/Specialty: Neurological Surgery

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 55 year old female with an industrial injury date of 01-12-2011. Medical record review indicates she is being treated for degenerative lumbar-lumbosacral intervertebral disc, pain in joint-shoulder region, sciatica and cervicalgia. The treating physician documented in the 06-23-2015 note the injured worker is being seen for "pain management purposes." Her pain rating is documented as 4 out of 10 with medication and 9-10 out of 10 without pain medication. The treating physician documented the injured worker's "functionality decreases by approximately 70%" without medication. This regimen allows her an adequate level of functionality. She is able to work, do light house chores, cook light meals and is able to spend quality time with family and friends. The injured worker complained of "new symptoms" of numbness in her toe on the right foot and numbness in her mid-back on the right side. "She is to see her neurosurgeon this week." Work status (06-23-2015) is documented as "not working." The treatment note dated 05-26-2015 lists subjective complaints as neck pain for 2 years. The pain was described as "constant" and was rated as 3 out of 10 on average. The treating physician documented in the 06-23-2015 note: "Also needs updated MRI's for cervical and lumbar spine due to increased pain in these areas. She also needs an MRI for her thoracic spine." Her medications included Nucynta (at least since 01-05-2015), Dyazide and Soma (at least since 01-05-2015.) Review of submitted medical records does not indicate any prior medications. Prior treatments included physical therapy, acupuncture and TENS unit. Physical exam (06-23-2015) is documented as alert and oriented and in no acute distress. The record does not indicate neurological findings. The Opioid Risk Tool (06-23-2015) is documented as showing the injured

worker as "low risk." In the 02-02-2015 treatment note the treating physician documented the most recent medication contract with the injured worker was dated 01-15-2015. "PDMP reports are run regularly and patient has been compliant." "Urinalysis is being repeated today." The requests for the following treatments were non-certified by utilization review on 07-08-2015:- Thoracic MRI- Soma 250 mg # 30 - Nucynta 50 mg # 90-Neurosurgical consultation-Lumbar MRI-Cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Chapter- Tapentadol (Nucynta).

Decision rationale: The ODG guidelines recommend Tapentadol only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. Documentation does not offer descriptions of what intolerable adverse effects the patient developed. The guidelines warn that the drug may be abused by chewing, crushing, snorting or injecting the drug. Documentation does not show investigation of this possibility with the patient or efforts to wean the patient off the medication. The requested treatment: Nucynta 50mg #90 is NOT medically necessary and appropriate.

Soma 250mg #30: Upheld

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: The California MTUS guidelines does not recommend Carisoprodol for longer than 2-3 weeks. They note the side effects of psychological and physical dependence and withdrawal with acute discontinuation. Documentation does not include counseling about these problems. Carisoprodol 250 mg" 30 is not medically indicated and appropriate. The requested Treatment: Soma 250mg #30 is NOT medically necessary and appropriate.

Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The California MTUS guidelines recommend a magnetic resonance imaging (MRI) scan if red flag conditions occur, physiologic evidence of tissue insult or neurologic dysfunction occurs, or there is failure to progress in a strengthening program intended to avoid surgery or the anatomy needs to be clarified prior to an invasive procedures. Documentation does not supply this evidence. The requested treatment: Cervical MRI is NOT medically necessary and appropriate.

Thoracic MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The California MTUS guidelines recommend a magnetic resonance imaging (MRI) scan if red flag conditions occur, physiologic evidence of tissue insult or neurologic dysfunction occurs, or there is failure to progress in a strengthening program intended to avoid surgery or the anatomy needs to be clarified prior to an invasive procedures. Documentation does not supply this evidence. The requested treatment: Thoracic MRI is NOT medically necessary and appropriate.

Lumbar MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The California MTUS guidelines recommend a magnetic resonance imaging (MRI) scan if red flag conditions occur, physiologic evidence of tissue insult or neurologic dysfunction occurs, in the presence of unequivocal objective findings that identify specific nerve root compromise on the neurological examination or there is failure to progress in a strengthening program intended to avoid surgery or the anatomy needs to be clarified prior to an invasive procedures. Documentation does not supply this evidence. The requested treatment: Lumbar MRI is NOT medically necessary and appropriate.

Neurosurgical Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM page 127.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The California MTUS guidelines recommend consultation when there is physiologic evidence of tissue insult. The presence of red flags would mandate urgent consultation. Nerve impairment and a failure to improve on a strengthening program after six weeks of pain are further criteria. Documentation does not supply this evidence. The requested treatment: Neurosurgical Consultation is NOT medically necessary and appropriate.