

Case Number:	CM15-0021936		
Date Assigned:	02/11/2015	Date of Injury:	03/05/2012
Decision Date:	07/03/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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

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 58 year old male with an industrial injury dated 3/05/2012. The injured worker's diagnoses include L3-L5 disc protrusions, lumbar degenerative disc disease and lumbar facet joint arthropathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 12/18/2014, the injured worker reported bilateral low back pain radiating to the right buttock and right posterior thigh. The injured worker rated pain a 9/10. The injured worker reported that he underwent a course of physical therapy with no help. Objective findings revealed restricted lumbar range of motion due to pain in all directions, positive lumbar discogenic proactive maneuvers on the right. The treating physician also reported positive Patrick's maneuver, Yeoman's, and straight leg raises on the right. The treating physician prescribed urine drug screen, (12-16-2014), Soma 350mg 1 tablet po QHS prn for spasm #30 with 0 refills and closed Magnetic Resonance Imaging (MRI) of lumbar spine now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen, (12-16-2014): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents on 12/18/14 with bilateral lower back pain rated 9/10, which radiates into the right buttock and lower extremity. The patient's date of injury is 03/05/14. Patient has no documented surgical history directed at this complaint. The request is for urine drug screen (12/15/14). The RFA is dated 12/26/14. Physical examination dated 12/18/14 reveals reduced range of lumbar motion in all planes, positive pelvic rock maneuver, sustained hip flexion maneuver, Patrick's maneuver, Yeoman's sign, and straight leg raise test were noted positive on the right side. Neurological examination reveals intact sensation and strength bilaterally. The patient is currently prescribed Ibuprofen. Diagnostic imaging was not included, though progress note dated 12/18/14 references lumbar MRI dated 03/07/12 as showing: "L4-L5 disc protrusion measuring 2-3mm." Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." In regard to the retrospective urine drug screen, the request is appropriate. It is indicated in the progress notes that this patient had prior consistent urine drug screening, though the dates of the screenings is not specified. It appears from the records provided that the provider is re-initiating this patient's narcotic medications following an unspecified lapse. Given the lack of evidence that this patient has undergone a recent urine drug screen, a UDS at the initiation of a new opioid medication is substantiated. The request is medically necessary.

Soma 350mg 1 Tablet Po QHS PRN Spasm #30 With 0 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisprodol (Soma) Muscle relaxants Page(s): 29, 63-66.

Decision rationale: The patient presents on 12/18/14 with bilateral lower back pain rated 9/10, which radiates into the right buttock and lower extremity. The patient's date of injury is 03/05/14. Patient has no documented surgical history directed at this complaint. The request is for Soma 350mg 1 tablet po qhs prn spasm #30 with 0 refills. The RFA is dated 12/26/14. Physical examination dated 12/18/14 reveals reduced range of lumbar motion in all planes, positive pelvic rock maneuver, sustained hip flexion maneuver, Patrick's maneuver, Yeoman's sign, and straight leg raise test were noted positive on the right side. Neurological examination reveals intact sensation and strength bilaterally. The patient is currently prescribed Ibuprofen. Diagnostic

imaging was not included, though progress note dated 12/18/14 references lumbar MRI dated 03/07/12 as showing: "L4-L5 disc protrusion measuring 2-3mm." Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This medication is not indicated for long-term use." MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. There is no evidence in the records provided that this patient has taken Soma previously. MTUS guidelines support the use of this medication for 2-3 weeks provided its use is directed at acute injury or recent flare up, this patient presents with uncomplicated chronic lower back pain. Therefore, the request is not medically necessary.

Closed MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304 289-290. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

Decision rationale: The patient presents on 12/18/14 with bilateral lower back pain rated 9/10, which radiates into the right buttock and lower extremity. The patient's date of injury is 03/05/14. Patient has no documented surgical history directed at this complaint. The request is for closed MRI of the lumbar spine. The RFA is dated 12/26/14. Physical examination dated 12/18/14 reveals reduced range of lumbar motion in all planes, positive pelvic rock maneuver, sustained hip flexion maneuver, Patrick's maneuver, Yeoman's sign, and straight leg raise test were noted positive on the right side. Neurological examination reveals intact sensation and strength bilaterally. The patient is currently prescribed Ibuprofen. Diagnostic imaging was not included, though progress note dated 12/18/14 references lumbar MRI dated 03/07/12 as showing: "L4-L5 disc protrusion measuring 2-3mm." Patient is currently not working. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology" such as a tumor, infection, fracture, nerve compromise, recurrent disk herniation. In regard to the repeat lumbar MRI, the requesting provider has not included documentation of severe progressive neurological deficit to warrant repeat imaging. This patient underwent MRI imaging on 03/07/12, with relatively insignificant findings. Progress note dated 12/18/14 includes complaints of lower back pain, though the physical examination does not reveal any significant neurological deficit, such as decreased sensation along a specific dermatomal distribution. ACOEM and ODG require documentation of progressive neurological deficit or examination "red-flags" indicative of nerve compromise to substantiate repeat imaging, no such findings are included. Therefore, the request is not medically necessary.