

Case Number:	CM15-0067918		
Date Assigned:	04/15/2015	Date of Injury:	05/17/2006
Decision Date:	06/03/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 17, 2006. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve requests for MRI imaging of the lumbar spine, Norco, and Soma. Norco and Soma, however, were partially approved for weaning or tapering purposes. The claims administrator referenced an RFA form received on March 3, 2015 in its determination and an associated progress note of February 23, 2015. The applicant's attorney subsequently appealed. In an IMR application dated April 9, 2015, the applicant's attorney stated that he was appealing all three requests, namely the MRI imaging of the lumbar spine, Norco, and Soma. The claims administrator's medical-evidence log suggested that the most recent note on file was dated July 14, 2014. On said July 14, 2014 progress note, the applicant reported chronic low back pain with radiation of pain to the left lower extremity from time to time. The applicant was using Vicodin and Soma as of this point in time. The applicant did report issues with sleep disturbance. Norco, Soma, and MRI imaging of the lumbar spine and additional physical therapy were proposed. The requesting provider was a physiatrist, it was acknowledged, not a spine surgeon. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The attending provider stated that MRI imaging of the lumbar spine was being sought for the purposes of seeing the pathology. It was suggested that the applicant's medication consumption was attenuating his pain complaints, ameliorating his ability to stand and walk, and/or to perform stretching exercises at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, 304.

Decision rationale: No, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 does acknowledge that MRI imaging is "recommended" as a test of choice for applicants who have had prior back surgery, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 12, page 304 to the effect that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. The July 14, 2014 progress note above made no mention of the applicant's willingness to consider or contemplate further spine surgery. The requesting provider, furthermore, was a physiatrist, not a spine surgeon, further reducing the likelihood of the applicant's acting on the results of the study in question. Therefore, the request was not medically necessary.

Hydrocodone-APAP 5/325 mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, ongoing management Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to work, it was reported on July 14, 2014. The applicant's ability to perform home exercises, stand, and walk had all been ameliorated as a result of ongoing medication consumption; it was further noted on that date. The applicant's pain scores were likewise attenuated as a result of ongoing Norco/Vicodin usage, it was reported. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Soma 350 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. Here, the request in question was framed as a renewal request for Soma. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines also cautions against usage of carisoprodol in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using Vicodin/Norco, a short-acting opioid. Continued usage of Soma, thus, was neither indicated nor consistent with page 29 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.