

Case Number:	CM14-0143467		
Date Assigned:	09/10/2014	Date of Injury:	02/09/2005
Decision Date:	10/20/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female injured on 02/09/05 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. Clinical note dated 09/03/14 indicated the injured worker presented complaining of lumbar spine pain rated 6/10 and left knee pain rated 3/10. Diagnoses included lumbar spine radiculopathy with abnormal MRI scans radiating to lower extremities, left knee pain, insomnia, and secondary depression. The date and radiology report of above mentioned MRI was not provided for review. The injured worker reported low back pain radiating to lower extremities, left greater than right with spontaneous aggravation in April 2013. The injured worker reported left knee pain increased by prolonged kneeling or squatting, sleep difficulty due to pain, depression, and frustration due to chronic pain. Physical examination revealed injured worker appeared mildly depressed, slight to moderate paralumbar muscle spasm of lumbar spine, left greater than right, decreased active range of motion of lumbar spine, straight leg raise test positive bilaterally 80 degrees, negative Lasegue test bilaterally, slow gait with slightly flexed forward posture. Treatment plan included request for lumbar spine due to increased pain and length of time since previous MRI, Norco one tablet BID PRN, Soma 350mg BID PRN, naproxen 550mg BIDPRN, Xanax BID PRN, and Prilosec 20mg one to two QD. The initial request was denied on 08/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). The clinical documentation fails to provide the previous MRI of the lumbar spine. Additionally, there is no indication of significant change in symptoms to substantiate repeat MRI. As such, the request for MRI lumbar spine cannot be recommended as medically necessary.

Norco qty 60 (dosage unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. Additionally, the dosage, frequency, and number of refills was not specified. As such, Norco qty 60 (dosage unspecified) cannot be recommended as medically necessary at this time.

Soma 350mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol, Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. 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. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 350mg (unspecified quantity) cannot be recommended as medically necessary. The request is not medically necessary and appropriate.

Naproxen 550mg qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured worker cannot utilize the readily available over-the-counter formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Naproxen 550mg qty 1 cannot be established as medically necessary.