

Case Number:	CM14-0127080		
Date Assigned:	08/13/2014	Date of Injury:	09/26/2007
Decision Date:	08/31/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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. 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 31 year old male, who sustained an industrial injury on 09/26/2007. He reported injuring his back after a pipe fell on him and was initially diagnosed with a back strain of the thoracic and lumbar spine and diagnosed with bilateral shoulder strain the following day. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having thoracic/lumbosacral radicular syndrome, muscle spasm, insomnia, lumbar disc herniation, low testosterone, and lumbago. Treatment and diagnostics to date has included thoracic spine MRI which showed multilevel disc protrusions, lumbar spine MRI showed degenerative disc disease, annular bulge with disc protrusion, and foraminal stenosis, Transcutaneous Electrical Nerve Stimulation Unit, back brace, physical therapy, activity modification, and medications. In a progress note dated 07/10/2014, the injured worker presented with complaints of low back pain and lower extremity radicular pain. Objective findings include lumbar spine tenderness, positive left sided straight leg raise test, decreased lumbar spine range of motion, and bilateral lumbar paraspinal muscle spasms. The treating physician reported requesting authorization for Soma, Norco, Prilosec, and follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) and Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): s 63-66.

Decision rationale: The patient presents with chronic low back pain and left lower extremity radicular pain. The request is for SOMA 350 #90. The request for authorization is dated 07/17/14. MRI of the lumbar spine, 03/01/12, shows multilevel DDD; broad based disc protrusion at L3-L4. EMG/NCV of the lower extremities, 02/06/12, shows no evidence of left or right lumbar radiculopathy or peripheral neuropathy. Physical examination of the lumbar spine reveals tender to palpation, pain with extension past neutral, pain with flexion, straight leg raise positive on the left, pain in the L5 and S1 distribution on the left, lumbar paraspinal muscle spasm bilaterally, ROM 60 percent in lumbar spine. Patient reports moderate relief from the current medications. The medications decrease his pain by 50 percent and allowed him to perform his ADL's and remain relatively active. He denies side effects. Patient's medications include Flomax, Soma, Ambien, Norco, Cymbalta, Prilosec, Voltaren and Terocin. Per progress report dated 07/17/14, the patient is permanent and stationary. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, pages 63-66, Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) indicates that neither of these formulations is recommended for longer than a 2 to 3 week period. Abuse has been noted for sedative and relaxant effects. Per progress report dated 07/10/14, treater's reason for the request is that patient reports continued relief of his acute muscle spasms in the low back from the Soma. He reports a 50 percent improvement in his ROM in the lumbar spine thirty minutes after taking the Soma. MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. However, patient has been prescribed Soma since at least 01/23/14. The request for additional Soma #90 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): s 60, 61, 76-78, 88, 89, and 80-81.

Decision rationale: The patient presents with chronic low back pain and left lower extremity radicular pain. The request is for NORCO 10/325MG #120. The request for authorization is dated 07/17/14. MRI of the lumbar spine, 03/01/12, shows multilevel DDD; broad based disc protrusion at L3-L4. EMG/NCV of the lower extremities, 02/06/12, shows no evidence of left or right lumbar radiculopathy or peripheral neuropathy. Physical examination of the lumbar spine reveals tender to palpation, pain with extension past neutral, pain with flexion, straight leg raise positive on the left, pain in the L5 and S1 distribution on the left, lumbar paraspinal muscle spasm bilaterally, ROM 60 percent in lumbar spine. Patient reports moderate relief from the

current medications. The medications decrease his pain by 50 percent and allowed him to perform his ADL's and remain relatively active. He denies side effects. Patient's medications include Flomax, Soma, Ambien, Norco, Cymbalta, Prilosec, Voltaren, and Terocin. Per progress report dated 07/17/14, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (greater than 16 weeks), but also appears limited." MTUS p 90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 01/23/14. MTUS requires appropriate discussion of the 4A's, and treater discusses how Norco significantly improves patient's activities of daily living. Analgesia is discussed, specifically showing significant pain reduction with use of Norco. There is discussion regarding adverse effects and aberrant drug behavior. A UDS dated 06/14/14, and CURES report was documented. In this case, treater has discussed the 4A's as required by MTUS guidelines. Therefore, the request is medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with chronic low back pain and left lower extremity radicular pain. The request is for PRILOSEC 20MG #60. The request for authorization is dated 07/17/14. MRI of the lumbar spine, 03/01/12, shows multilevel DDD; broad based disc protrusion at L3-L4. EMG/NCV of the lower extremities, 02/06/12, shows no evidence of left or right lumbar radiculopathy or peripheral neuropathy. Physical examination of the lumbar spine reveals tender to palpation, pain with extension past neutral, pain with flexion, straight leg raise positive on the left, pain in the L5 and S1 distribution on the left, lumbar paraspinal muscle spasm bilaterally, ROM 60 percent in lumbar spine. Patient reports moderate relief from the current medications. The medications decrease his pain by 50 percent and allow him to perform his ADL's and remain relatively active. He denies side effects. Patient's medications include Flomax, Soma, Ambien, Norco, Cymbalta, Prilosec, Voltaren, and Terocin. Per progress report dated 07/17/14, the patient is permanent and stationary. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age greater than 65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater

does not specifically discuss this medication. Patient has been prescribed Prilosec since at least 01/23/14. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. And treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Furthermore, the patient is not prescribed any NSAIDs. Therefore, the request is not medically necessary.

3 Follow-up visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, page 127.

Decision rationale: The patient presents with chronic low back pain and left lower extremity radicular pain. The request is for 3 FOLLOW-UP VISITS. The request for authorization is dated 07/17/14. MRI of the lumbar spine, 03/01/12, shows multilevel DDD; broad based disc protrusion at L3-L4. EMG/NCV of the lower extremities, 02/06/12, shows no evidence of left or right lumbar radiculopathy or peripheral neuropathy. Physical examination of the lumbar spine reveals tender to palpation, pain with extension past neutral, pain with flexion, straight leg raise positive on the left, pain in the L5 and S1 distribution on the left, lumbar paraspinal muscle spasm bilaterally, ROM 60 percent in lumbar spine. Patient reports moderate relief from the current medications. The medications decrease his pain by 50 percent and allowed him to perform his ADL's and remain relatively active. He denies side effects. Patient's medications include Flomax, Soma, Ambien, Norco, Cymbalta, Prilosec, Voltaren, and Terocin. Per progress report dated 07/17/14, the patient is permanent and stationary. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 indicates the following, "The occupational health practitioner may refer to other specialists 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." Per progress report dated 07/10/14, treater's reason for the request is "Follow Up: 4 Weeks (Reason: med refill)." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. Given the patient's continued pain symptoms and diagnosis, the request for follow up appears to be reasonable. However, the request is for 3 follow-up visits and treater does not explain why 3 follow-up visits are necessary. Guidelines require a clear rationale for follow up visits. Therefore, the request is not medically necessary.