

<b>Case Number:</b>	CM17-0013077		
<b>Date Assigned:</b>	01/24/2017	<b>Date of Injury:</b>	12/17/2016
<b>Decision Date:</b>	02/22/2017	<b>UR Denial Date:</b>	01/04/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2017

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This case involves a now 42-year-old male with a history of an occupational claim from 12/17/2016. The mechanism of injury is detailed as twisting to prevent a box from falling and hitting a customer. The current diagnosis is documented as strain of muscle, fascia, and tendon of low back. An MRI of the lumbar spine dated 12/27/2016 revealed multilevel degenerative changes. At L3-4 level there was broad based disc bulge and right paracentral disc extrusion extending superiorly 2.0 cm, and posteriorly 0.7 cm with severe mass effect on the right lateral recess, L3 nerve root. At L5-S1 level there was moderate disc bulge and posterior central disc extrusion, in combination with moderate bilateral facet arthropathy that resulted in moderate left and mild right neural foraminal narrowing. The treatment plan consisted of an MRI of the lumbar spine, Valium, and tramadol. The Request for Authorization was noted to be received on 12/28/2016. The prior determination on 01/04/2017, denied the request for the MRI of the lumbar spine due to the date of injury being less than 30 days. The request for Valium was previously denied due to the medication is not recommended for the treatment of acute or chronic pain. The request for Ultram was previously denied due to a lack of documentation of pain management and functional improvement.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back.

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

**Decision rationale:** The ACOEM Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. There was no indication that the patient was a candidate for surgery. In addition, there was a lack of documentation regarding recent conservative care the patient has had. There was also a lack of documentation regarding significant neurological deficits that would support the usage of an MRI. The documentation submitted for review also included an MRI of the lumbar spine. It is unclear of the rationale as to why the patient would require an additional study. Given the above, the request is not medically necessary.

**Diazepam (Valium) 5mg take 1 tab orally 1 hour before exam, may repeat dose 1/2 hour after first dose for anxiety:** Upheld

**Claims Administrator guideline:** The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines.

**MAXIMUS guideline:** The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Benzodiazepines).

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address the specific request for acute pain. The Official Disability Guidelines state that benzodiazepines are not recommended for the treatment of acute or chronic pain. Given that the date of injury is 12/17/2016, the patient is still in the acute phase. Therefore, the usage of the medication would not be supported. As such, the request is not medically necessary.

**Tramadol (Ultram) 50mg take 1 tab orally every 4-6 hours as needed for moderate to severe pain #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Opioid Treatment 2016.

**MAXIMUS guideline:** Decision based on MTUS Opioid Treatment 2016, Section(s): 2. Opioids for Subacute Pain.

**Decision rationale:** The California MTUS 2016 Opioid Treatment Guidelines state that if pain extends beyond the acute phase beyond 1 month following onset, a multidisciplinary approach to treatment should be continued, including cognitive behavioral therapy, activity coaching, graded exercise, and other treatments such as acupuncture. There was a lack of documentation indicating that the patient has had recent conservative care. There was a lack of documentation regarding the patient's objective response to the prior usage of Norco that was given in the emergency department. There was also a lack of documentation indicating that the patient has failed non-opioid medications. Given the above, the request is not medically necessary. This decision addresses the medical necessity of opioids as they have been prescribed to this patient. This medical necessity decision should not be interpreted as a recommendation to stop long-term opioids abruptly and the patient is advised to speak with their treating physician. The treating physician and the patient are advised to consult the MTUS Opioids Treatment Guidelines ("Tapering opioids"), and if necessary, other relevant guidelines, regarding the most appropriate method for weaning and terminating opioids for this patient.