MAXIMUS Federal Services

Case Number:	CM13-0023387		
Date Assigned:	12/18/2013	Date of Injury:	01/23/1998
Decision Date:	08/15/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 68 year old with an injury date of 1/23/98. The patient complains of increasing pain more on right than on left low back with radiation into left lower extremity, and the lateral leg and all of the toes per 7/30/13 report. The patient has greater pain on standing/walking/sitting and increasing weakness in left lower extremity per 7/30/13 report. The 7/30/13 report shows the patient has worsening pain despite continuing home exercise program and experiencing recent weight loss. Based on the 7/30/13 progress report provided by [redacted] the diagnoses are: Lumbar Strain, or Sprain; Spondylolisthesis, Grade 2; Lumbosacral radiculopathy, Facet Syndrome ; lower back pain; chronic pain syndrome. An exam on 7/30/13 showed L-spine pain greater on extension than flexion, as felt in the left, plus central low back. Somewhat kyphotic gait with positive straight leg raise more on left than right causing shooting pain into posterior lateral thigh and leg. Lower extremities: grossly normal without abnormality or asymmetry of temp, color, contour, size. Neurologic: sensation is asymmetric for L5 and S1 dermatomes, tenderness to palpation noted for the gastroc and EDL on left, with a half grade weakness of great to dorsi and platarflexion on left compared to right side. [redacted] is requesting 1 prescription of Duragesic 75mcg #15, 1 prescription of Hydrocodone 10/325mg #90, 1 prescription of Nabumetone 750mg, 1 MRI of the lumbar spine, 1 electromyogram of the bilateral lower extremities, and 1 nerve conduction velocity of the bilateral lower extremities. The utilization review determination being challenged is dated 9/3/13 and rejects hydrocodone due to lack of documentation of its prior effect, and rejects Nabumetone due to lack of documentation of patient's necessity, and rejects lumbar MRI due to lack of documentation of prior imaging, and rejects EMG due to lack of documentation of prior

diagnostic studies. [redacted] is the requesting provider, and he provided treatment reports from 5/4/13 to 7/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF DURAGESIC 75MCG, #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system); Medications for chronic pain Page(s): 44, 60, 61.

Decision rationale: Regarding Duragesic, the MTUS Chronic Pain Guidelines does not recommend as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. Regarding medications for chronic pain, The MTUS Chronic Pain Guidelines states the treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, patient has been taking Lortab/Vicodin and is switching to Norco. The treater has asked for additional opioid Duragesic without an explanation as to its necessity. Due to a lack of a discussion regarding the aim of use, potential benefits, and adverse effects of Duragesic, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF HYDROCODONE 10/325MG, #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78.

Decision rationale: This patient presents with lower back pain. The treater has asked 1 prescription of Hydrocodone 10/325mg #90 on 7/30/13. The patient is currently taking Viagra, Colaco, Duragesic, Prozac, and Trazodone per a 7/30/13 report. The patient has no prior history of taking Norco. The patient is stopping Lortab/Vicodin and starting Norco and Relafon per a 7/30/13 report. Regarding medications for chronic pain, the MTUS Chronic Pain Guidelines states the treater must determine the aim of use, potential benefits, adverse effects, and the patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, the treater has asked for Hydrocodone. It appears that as patient's symptoms are worsening, and the treater is attempting a change in opioid by switching from Vicodin to Norco. As such, the request is medically necessary and appropriate.

1 PRESCRIPTION OF NABUMETONE 750MG, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21,Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, NSAIDs, specific drug list & adverse effects(non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68, 70-73.

Decision rationale: This patient presents with lower back pain. The treater has asked 1 prescription of Nabumetone 750mg on 7/30/13. The medical records provided for review do not show any evidence of the patient having taken Nabumetone in the past. Regarding NSAIDS, the MTUS Chronic Pain Guidelines recommends usage for osteoarthritis at the lowest dose for the shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with advanced degenerative arthritis of the lumbar spine and has no recent history of taking NSAIDs. As requested by the treater, a course of Nabumetone is reasonable. The request is medically necessary and appropriate.

1 MRI OF THE LUMBAR SPINE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower Back, Protocols.

Decision rationale: This patient had a prior lumbar MRI in 2011 which showed grade 2 spondylolisthesis at L5-S1 but was not provided in included reports. Treater requests diagnostic study due to recently increasing signs of mechanical pain which could be from the pars defect or facetal joints, along with increasing signs of radicular symptoms into the left lower extremity. The ODG recommends repeat MRI's only if there has been progression of neurologic deficit. In this case, it has been 2 years since the patient's last lumbar MRI, and the patient presents with increasing weakness in the left lower extremity. An updated lumbar MRI is indicated per the ODG. As such, the request is medically necessary and appropriate.

1 ELECTROMYOGRAM (EMG) OF THE BILATERAL LOWER EXTREMITIES: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The 8/2/12 report states patient had an EMG done several years ago but exam findings were not included. Regarding electrodiagnostic studies of lower extremities, the ACOEM Guidelines support EMG and H-reflex tests to determine subtle, focal neurologic deficit. In this case, the treater has asked for an EMG of the lower extremities which is reasonable considering persistent radiculopathy and a recent weakness in the left lower extremities. As such, the request is medically necessary and appropriate.

1 NERVE CONDUCTION VELOCITY (NCV) STUDY OF THE BILATERAL LOWER EXTREMITIES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: This patient presents with lower back pain. The treater has asked 1 nerve conduction velocity of the bilateral lower extremities on 7/30/13. The medical records provided for review do not show any evidence of NCV being done in the past. Regarding electrodiagnostic studies of lower extremities, ACOEM Guidelines supports EMG and H-reflex. The ODG does not support NCV studies for symptoms that are presumed to be radicular in nature. In this case, the patient's leg symptoms are primarily radicular with no concerns for other issues such as peripheral neuropathy. As such, the request is not medically necessary and appropriate.