

Case Number:	CM13-0037559		
Date Assigned:	06/06/2014	Date of Injury:	10/13/2003
Decision Date:	07/14/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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 and is licensed to practice in Minnesota. 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 46 year old male who reported an injury on 10/13/2003. The mechanism of injury is unknown. The injured worker complained of left low back and leg pain that radiated into the left foot which increased with prolonged sitting and standing. Physical examination findings were remarkable for palpable tenderness of the left lumbosacral junction extending into the left buttocks. Lumbar spine range of motion in flexion and extension were restricted. The injured worker was noted to have decreased sensation in the left lower extremity. Muscle strength tests of the left lower extremity showed hip flexors 4/5 on left, 5/5 on right, hip extensions 4/5 on left, 5/5 on right, knee flexors 4/5 on left, 5/5 on right, knee extensors 4/5 on left, 5/5 on right, ankle dorsiflexors 4/5 on left, 5/5 on right, ankle evertors 4/5 of left and 5/5 on right. The injured worker also had unobtainable reflex of the medial hamstrings. The injured worker's gait showed a slightly decreased stance phase on the left side with increased pain with weighbearing. A left seated dural stretch test showed symptoms of provocation into the left leg. An MRI performed 10/11/2010 showed normal alignment following interbody posterior fusion across L5-S1. The lumbar vertebrae had normal signal and height. Within the thecal sac, the arachnoid rootlets were distributed laterally and posteriorly with what may had represented mild clumping. There was no abnormal enhancement associated with these nerve roots following gadolinium. Treatment had included surgery, soft tissue injections, home exercise program and medications for pain management. The injured worker's medications included Gabapentin 1200 mg 2 to 3 times a day, Vicodin and Ultracet 1-2 tablets daily. The treatment plan included a MRI of lumbar spine, Vicodin #75 and Ultracet. The rationale was not submitted with report for review. The request for authorization was submitted on 08/27/2013 by the provider, [REDACTED] M.D.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ULTRACET: 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 Opioids, criteria for use Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines state for the continued use of opioids there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The MTUS Chronic Pain Guidelines state that the pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The MTUS Chronic Pain Guidelines also state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation submitted for review indicated that Ultracet was helping the injured worker. A urine drug screen performed 02/26/2013 was consistent with the injured worker's medications. However, there is no quantified information regarding pain relief or objective functional improvements. In addition, there is no mention of an assessment of side effects. The submitted request did not specify a dose or quantity. As such, the request is not medically necessary and appropriate.

1 PRESCRIPTION OF VICODIN #75 WITH 1 REFILL: 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 Opioids, criteria for use Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines state that criteria for use for on-going management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The Guidelines state that the pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. The MTUS Chronic Pain Guidelines also state that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The documentation submitted for review indicates that the Vicodin was helping the injured worker. A urine drug screen performed 02/26/2013 was consistent with the injured worker's medications. However, there is no quantified information regarding pain relief or objective functional improvements. In addition,

there is no mention of an assessment of side effects. The submitted request did not specify a dose. As such, the request is not medically necessary and appropriate.

1 MRI OF LUMBAR SPINE: Upheld

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): 303-305.

Decision rationale: The injured worker complained of sciatica and numbness on the left side, poor sleep and pain on both heels at times of prolonged standing. The injured worker was requesting a lumbar spine MRI to find out what was going on with his back and was considering a spinal cord stimulator trial. ACOEM states, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is a lack of documentation identifying specific nerve compromise on neurologic exam to warrant imaging. There is no indication of red flag diagnoses. In addition, there is no indication the injured worker failed to respond to conservative treatments. Given the above, the request for 1 MRI of the lumbar spine is not medically necessary and appropriate.