

Case Number:	CM13-0046396		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2009
Decision Date:	06/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Emergency Medicine and is licensed to practice in New York. 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 55-year-old female who was injured on May 16, 2009. The patient continued to experience severe lower back pain with radiation into lower extremities. Physical examination on July 25, 2013 was notable for normal motor strength to her upper and lower extremities and decreased pinprick and temperature sensation to the distal lower extremities. MRI of the lumbar spine in July 2013 did not show any changes from study done in November 2012. There was mild disk osteophyte complex at L3-4 with mild central canal stenosis but no foraminal narrowing. The treatments are fragmented because the medical record consists of numerous Emergency Department (ED) visits for pain control. Requests for authorization for ED visits for 6/5/12, 7/6/12, 7/20/12, 10/22/12, 11/7/12, 11/15/12, 11/17/12, 1/25/13, 6/17/13, 7/19/13, 7/23/13, 7/24/13, 8/9/13, 8/12/13, 8/16/13, 8/24/13, 8/31/13, 9/5/13, 9/6/13, and 9/23/13 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 6-5-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Documentation provided for review did not contain any records for this visit. Medical necessity cannot be established.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 7-16-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

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RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 7-20-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

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RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 10-22-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. . Documentation provided for review did not contain any records for this visit. Medical necessity cannot be established.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 11-7-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid

analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. . Documentation provided for review did not contain any records for this visit. Medical necessity cannot be established.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 11-15-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. . Documentation provided for review did not contain any records for this visit. Medical necessity cannot be established.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 11-17-12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such

as acetaminophen or NSAIDS have failed. . Documentation provided for review did not contain any records for this visit. Medical necessity cannot be established.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 1-25-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. . Documentation provided for review did not contain any records for this visit. Medical necessity cannot be established.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 6-17-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient presented to the Emergency Department (ED) with complaints of low back pain, which flared after a nerve conduction study, stating that Norco was not working for pain and requesting a refill for her Percocet prescription. Physical examination was notable for moderate vertebral point tenderness, bilateral positive

straight leg raise, no motor deficit, and no sensory deficit. The patient received IV Dilaudid while in the ED. The patient was discharged with a prescription for Percocet. The multiple ED visits requesting opioid medications is concerning for aberrant/addictive behavior. There is no documentation that specific functional goals have been or that the patient has signed an opioid contract. Medical necessity has not been met.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 7-19-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient presented to the Emergency Department (ED) with complaints of chronic back pain, radiating into bilateral lower extremities. Physical examination was notable for positive straight leg raise bilaterally. The patient received intramuscular Dilaudid while in the ED. The patient was discharged with a prescription for Percocet. The multiple ED visits requesting opioid medications is concerning for aberrant/addictive behavior. There is no documentation that specific functional goals have been or that the patient has signed an opioid contract. Medical necessity has not been met.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 7-23-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid

analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient presented to the Emergency Department (ED) with complaints of chronic back pain, stating that she had shingles on her right buttock and had run out of her Percocet. Physical examination was notable for vesicular lesions on her left buttock, no motor or sensory deficits, and decreased range of motion of the lumbosacral spine secondary to pain. The patient received intramuscular Dilaudid while in the ED. The patient was discharged on Prednisone, Valtrex, Valium, and Percocet. The multiple ED visits requesting opioid medications is concerning for aberrant/addictive behavior. There is no documentation that specific functional goals have been or that the patient has signed an opioid contract. Medical necessity has not been met.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 7-24-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient presented to the Emergency Department (ED) with complaints of fecal incontinence after receiving an epidural injection. Physical examination was notable normal range of motion of her extremities and normal rectal tone. Laboratory studies and diagnostic imaging were negative for acute disease. The patient received IV Dilaudid while in the ED and was admitted to the hospital for further evaluation. She was discharged two days later in stable condition. The multiple ED visits requesting opioid medications is concerning for aberrant/addictive behavior. There is no documentation that specific functional goals have been or that the patient has signed an opioid contract. Medical necessity has not been met.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 8-9-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

Decision rationale: Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case the patient presented to the Emergency Department (ED) with complaints of back pain for one day. Physical examination was unremarkable. Laboratory studies and diagnostic imaging were negative for acute disease. The patient received IV Dilaudid while in the ED. The patient was discharged with a prescription for Cipro for possible urinary tract infection and Percocet. The multiple ED visits requesting opioid medications is concerning for aberrant/addictive behavior. There is no documentation that specific functional goals have been or that the patient has signed an opioid contract. Medical necessity has not been met.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 8-12-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

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and lost her prescription. Physical examination was notable normal range of motion in the lower extremities and negative straight leg raise bilaterally. The patient received IV Dilaudid while in the ED. The patient was discharged with a prescription for Percocet. The multiple ED visits requesting opioid medications is concerning for aberrant/addictive behavior. There is no documentation that specific functional goals have been or that the patient has signed an opioid contract. Medical necessity has not been met.

RETROSPECTIVE EMERGENCY ROOM VISIT: DOS: 8-16-13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Service Website, Part I- Investigative Procedures.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PAIN INTERVENTIONS AND GUIDELINES, 74-96

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