

Case Number:	CM13-0060048		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2004
Decision Date:	08/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational Medicine 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 46 year old female who has submitted a claim for lumbar sprain/strain associated with an industrial injury date of 03/30/2004. Medical records from 12/27/2007 to 12/30/2013 were reviewed and showed that patient complained of low back pain graded 8/10 radiating into the right buttock and posterior thigh. Physical examination revealed a limp gait and spasm over the lower back. Limited lumbar ROM was noted. Orthopedic testing revealed nerve irritation in the low back and bilateral legs. Sensation was altered along the right calf. DTRs were decreased in the lower extremities. MRI of the lumbar spine dated 06/27/2013 revealed sacralization of the S1 segment with no acute findings. EMG/NCV study of the lower extremities dated 03/12/2012 was unremarkable. Treatment to date has included two lumbar epidural steroid injections (2008) and pain medications. Utilization review dated 10/31/2013 denied the request for MRI of the lumbar spine because physical examination findings did not indicate significant pathology. Utilization review dated 10/31/2013 modified the request for Opana ER 40mg #60 to Opana ER 40mg #49 for the purpose of weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OPANA ER 40MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient was prescribed opiates since 2004 and Opana (no dosage, frequency, and quantity available) since 09/04/2012. There was no documentation of pain relief, functional improvement, and recent urine toxicology reviews, which are all required to support continuation of opiates use. The medical necessity has not been established. Therefore, the request for Opana ER 40mg #60 is not medically necessary.

MRI OF THE LUMBAR SPINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: As stated on pages 303-304 of the ACOEM Guidelines, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, there was evidence of progressive neurologic deficit based on comparison of medical records (09/10/2013 and 10/31/2013). Recent physical examination findings revealed a limp gait, altered sensation to light touch over the right calf, and decreased DTRs in the lower extremities as compared to previous physical examination findings of ability to ambulate on heels and toes and grossly intact DTRs and sensation to light touch of the lower extremities. The medical necessity has been established. Therefore, the request for MRI of the lumbar spine is medically necessary.