

<b>Case Number:</b>	CM13-0070212		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/18/2001
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Neurology, and has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 53-year-old man who sustained a work related injury on June 18, 2001. Subsequently he developed chronic low back and neck pain. According to a progress report dated October 26, 2013, the patient had significant improvement of his low back pain and reduction in Norco use from his October 10, 2013 lumbar spine epidural injections. However, and based on the follow-up report dated November 22, 2013, the patient's lumbar and radicular pain relapsed. His physical examination showed decreased sensation to pinprick of the right L5 dermatome, lumbar tenderness and positive straight leg raise test. The patient was diagnosed with degenerative lumbar disc disease, including herniated L5-S1 disc; radiculopathy involving the right leg; chronic strain and bursitis of the right groin and leg; greater trochanteric bursitis; knee derangement and enthesopathy, groin pain; and myofascial pain. The provider requested authorization for the following procedures and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION FOR NORCO 10/325MG #250 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Guidelines Criteria for use of opioids, page(s) 179.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear evidence of objective and recent functional improvement with previous use of opioids. There is no clear documentation of the efficacy/safety of previous use of Norco. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the request for NORCO 10/325MG #250 WITH 2 REFILLS is non-certified.

**1 PRESCRIPTION OF MORPHINE EXTENDED RELEASE 15MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear documentation of patient improvement in level of function, quality of life, adequate follow up for absence of side effects and aberrant behavior with a previous use of opioids. There is no clear justification for the use of morphine in this patient. Therefore, the request for prescription of Morphine ER 15 mg is not medically necessary.

**UNKNOWN TROCHANTERIC BURSA, GROIN AND KNEE INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** According to the patient medical records, there is no indication that the patient is suffering from trigger points pain, but radicular pain. Therefore, the request for unknown trochanteric groin and knee injection is not medically necessary.

**UNKNOWN MONTHLY OFFICE VISITS FOR MEDICATION MANAGEMENT:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) < Guidelines Assessing Red Flags and Indication for Immediate Referral, page(s) 171.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The patient developed continuous radicular pain that requires a continuous follow up. However, the request cannot be of illimited or unknown time. It should be limited by the response of the patient to pain medications and the progress of his condition. The number of follow up visits will be dicatated by the patient funcional and pain response to his medications. Therefore, the request for unknown mnthly visit for pain management is not medically necessary.

**1 MRI OF THE LUMBAR SPINE WITH OUT CONTRAST:** Upheld

**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.

**Decision rationale:** Regarding the indications for imaging in case of back pain, MTUS guidelines stated: "Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. 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. When the neurologic

examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures).” Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. There is no documentation that surgery is planned for this patient. The provider requested an MRI to assess for any interval change from a previous MRI which is not supported by MTUS guidelines. Therefore, the request for MRI of the lumbar spine is not medically necessary.