

<b>Case Number:</b>	CM14-0100429		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Illinois. 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 57-year-old male who reported an injury on 07/11/2013. While on call as a firefighter, he grabbed the handrail with his right hand and as he stepped up on the engine, he felt a sharp pop and pain in the right shoulder. The pain caused him to fall backwards onto the concrete, landing on his back and buttocks. Diagnoses were right shoulder rotator cuff, status post arthroscopic repair and distal clavicle resection; L5-S1 disc degeneration; L4-S1 facet arthropathy; left leg radiculopathy; right long trigger finger; postoperative right carpal tunnel syndrome versus cervical radiculopathy; and coccydynia. Past treatments were physical therapy and epidural steroid injections. Diagnostic studies were an x-ray, an MRI on 04/23/2014, and an EMG/NCV. The impression of the MRI was at L3-4, there was a 3 mm circumferential disc bulge. There was mild bilateral neural foraminal narrowing. There was bilateral facet joint hypertrophy with ligamentum flavum redundancy. At L4-5, there was a 4 mm circumferential disc bulge with a foraminal zone annular fissure. There was moderate bilateral neural foraminal narrowing. There was bilateral facet joint hypertrophy with ligamentum flavum redundancy. At L5-S1, there was a 4 mm broad based central disc protrusion with an annular fissure. There was mild bilateral neural foraminal narrowing. There was bilateral facet joint hypertrophy. Past surgeries were bilateral hernia repairs, appendectomy, right knee surgery due to a spider bite which developed MRSA, and rotator cuff repair surgery. The physical examination on 06/23/2014 revealed complaints of numbness and tingling in the right hand/wrist and fingers, rated as a 4 on the VAS scale. There were complaints of lower back pain that radiated into the left buttock and down the left calf with associated numbness, as well as new complaints of burning in the bilateral thighs and groin, rated as a 6 on the VAS scale. The examination of the lumbar spine revealed upon palpation there was palpable tenderness of the lumbosacral junction bilaterally. There was marked tenderness over the coccyx. Range of motion for flexion was to

21 degrees, extension was to 7 degrees, left lateral bend was to 23 degrees, and right lateral bend was to 12 degrees. Motor strength for the hip, knee, and ankle were normal. Straight leg raise was negative bilaterally at 90 degrees. Medications were Norco 10/325 mg. The treatment plan was for a lumbar discogram at the L4-S1 with negative control. The rationale for Norco was the injured worker stated that without the use of Norco, his symptoms were rated at a 6/10 and with Norco he rated his symptoms as a 3/10 on the VAS scale. The Request for Authorization was submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar discogram L4-S1 with negative control.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for lumbar discogram L4-S1 with negative control is not medically necessary. The California ACOEM states recent studies on discography do not support its use as a preoperative indication for either intradiscal electrothermal annuloplasty or fusion. Discography does not identify the symptomatic high intensity zone, and concordance of symptoms with the disc injected is of limited diagnostic value (common in non back issue patients, inaccurate if chronic or abnormal psychosocial test), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. Discography may be used when fusion is a realistic consideration, and it may provide supplemental information prior to surgery. This area is rapidly evolving, and clinicians should consult the latest available studies. Despite the lack of strong medical evidence supporting it, discography is fairly common, and when considered, it should be reserved only for patients who meet the following criteria: back pain of at least 3 months duration, failure of conservative treatment, and satisfactory results from detailed psychosocial assessment. They should also be a candidate for surgery and have been briefed on potential risks and benefits from discography and surgery. Also, discography in subjects with emotional and chronic pain problems has been linked to reports of significant back pain for prolonged periods after injection, and therefore should be avoided. The injured worker does not meet the required criteria set forth by the medical Guidelines. The injured worker has not had a psychosocial testing. Therefore, the request is not medically necessary.

#### **Norco 10/325mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Use Of Opioids, Opioids for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The request for Norco 10/325 mg, #120 is not medically necessary. The California Medical Treatment Utilization Schedule states short acting opioids are recommended such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the use of this medication, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

**Motrin 800mg, #90 with six refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSIADs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen Page(s): 22.

**Decision rationale:** The request for Motrin 800 mg, #90 with 6 refills is not medically necessary. The California Medical Treatment Utilization Schedule states anti-inflammatories are the first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The efficacy of this medication was not reported. There was no objective decrease in pain or objective increase in function with the use of this medication. Also, this medication can be purchased over the counter. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary.