MAXIMUS Federal Services

Case Number:	CM14-0120635		
Date Assigned:	08/06/2014	Date of Injury:	02/13/2003
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/31/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 68-year-old with a reported date of injury of 01/15/2001. The patient has the diagnoses of right knee pain status post knee replacement and low back pain with previous magnetic resonance imaging (MRI) showing disc dissection at L5-S1 with mild bilateral foraminal stenosis. Per the most recent progress notes provided by the primary treating physician dated 06/30/2014, the patient had complaints of persistent low back pain and knee pain. Physical exam noted crepitus in the right knee with tenderness in the lumbar spine and decreased range of motion in both. Treatment recommendations included continuation of medications and request for a CT myelogram of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-81.

Decision rationale: The long term use of opioids for the treatment of back pain is not recommended. In addition this patient, while under the care of a pain management specialist, has

a MED dosage of greater than 240. There is no documentation of objective outcomes to justify this excessive dosage in the progress notes provided. For these reasons, the medication is not justified. There is no provided documentation of failure of other first line treatment options or conservative therapy. There is no documentation of functional improvement or qualification of pain improvement on the opioids. For these reasons the medication is not certified. Outcomes measures: It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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. (Nicholas, 2006) (Ballantyne, 2006) A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen,2006) The provided documentation does provide outcome measures however the long-term use of this medication to treat chronic back pain is not recommended. There is no documentation of reassessment and trials of alternative therapy and failure of that therapy to justify the long-term use of the medication contrary to the recommendations. For these reasons the medication is not medically necessary and appropriate.

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CT Myelogram of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back complaints Page(s): 303.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) section on special diagnostic studies in the low back complaints chapter 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. When the neurologic examination is less clear, however, furtherphysiologic 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). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of diagnostic confusion is great." There is no documentation of unequivocal objective findings on the neurologic examination to show nerve compromise. Previous MRI showed mild foraminal

stenosis. There are no documented red flags. For these reason, imaging studies are not justified per guidelines. Treatment is not considered medically necessary and appropriate.