

Case Number:	CM14-0152130		
Date Assigned:	09/22/2014	Date of Injury:	10/19/1988
Decision Date:	10/21/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/18/2014

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 Texas. 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:

Medical records reflect the claimant is a 65 year old female who sustained a work injury on 10-19-88. Office visit on 9-2-14 notes the claimant reports pain in the neck, shoulders, low back, buttocks and anterolateral left thigh. She rates her pain as 5/10 without medications and 4/10 with medications. The claimant is receiving chiropractic therapy for the low back and right hip. The pain is increased with prolonged sitting, standing, walking, bending and lifting. The claimant is receiving chiropractic treatment for the low back and right hip pain. The claimant underwent lumbar epidural steroid injection on 07/08/14 with 50 percent pain relief; however, the claimant tripped and fell over the garden hose which did cause a flare-up of pain. The claimant continues to take Percocet and Norco for breakthrough pain and Oxycontin for the chronic pain. The claimant reports that the medications are helpful and the claimant is able to walk around the house and spend time outside with the help of the medications. Examination reveals tenderness over the L4-L5 and L5-S1 lumbar paraspinal region, pain with lumbar flexion and extension, and 5-/5 strength in the bilateral lower extremity. The claimant ambulates with antalgic gait using a cane. The provider recommends continuing chiropractic therapy for the right hip. The provider notes that the back pain and weakness in the lower extremities caused the claimant to fall flaring up the right hip pain. The claimant has had recent QME on 06/17/14 and was recommended for consultation and treatment for the shoulders, which include steroid injections, physical therapy, or surgery. The QME has also recommended that the claimant should be referred to [REDACTED] for cervical spine surgical consultation. The claimant had a cervical MRI completed on 10/24/13 and the findings revealed a lesion within the anterosuperior T2 vertebral body, probably representing a hemangioma. This was not seen in prior x-rays. A bone scan is recommended. The provider recommends opioid medications for reducing the claimant's pain and improving function. The claimant continues to feel that the medications help

control the pain and increase the function. It is noted that the claimant has no aberrant behavior and the claimant has signed an opioid contract. Urine drug screen completed on 06/11/14 was consistent with the prescribed medications. The provider also recommends surgical consult for lumbar spine, bone scan for cervical spine as recommended by the QME, surgical consult for cervical spine as recommended by the QME, and consultation for bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic therapy once a week, right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-60.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Time to produce effects 4-6 treatments. This claimant has been provided with chiropractic therapy in the past without documentation of functional improvement. Therefore, the medical necessity of this request is not reasonable or medically indicated.

Bone scan, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation Neck & Upper Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ACOEM), 2nd Edition, (2004) Bone scans

Decision rationale: ACOEM notes that Bone scans are recommended for diagnosis of occult and stress fractures in select patients. The claimant had a cervical MRI completed on 10/24/13 and the findings revealed a lesion within the anterosuperior T2 vertebral body, probably representing a hemangioma. This was not seen in prior x-rays. A bone scan was recommended. However, without documentation of suspicion of fracture, the medical necessity of this request is not established.

Percocet 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. The claimant rates her pain as 5/10 without medications and 4/10 with medications. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established.

Oxycontin 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 nonadherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. The claimant rates her pain as 5/10 without medications and 4/10 with medications. Quantification of

improvement, if any, or any documentation that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established.