

Case Number:	CM14-0157935		
Date Assigned:	10/01/2014	Date of Injury:	03/31/2014
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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 & Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 3/31/14. The diagnoses include lumbar radiculopathy; lumbar spondylosis; nonindustrial lumbar scoliosis; thoracolumbar spondylosis; sprain and strain of thoracic and lumbar spine; nerve root cyst. Under consideration are requests for Norco 5/325mg #90; Urine toxicology; MRI right Elbow. There is an 8/4/14 PR-2 report that states that the right arm pain is 6/10 is sharp radiating down to the elbow, wrist and fingers. The patient has low back pain 7/10 radiating down to the toes with tingling and burning. The objective findings only include blood pressure and weight. The treatment plan is to remain off of work. The plan also includes Norco for pain. Tramadol and Protonix are not helping. There is a plan to stop therapy as it is not helping. Neurosurgery consult is pending for lumbar pain. A 6/27/14 handwritten somewhat illegible PR-2 report states the patient has increased low back pain and therapy is not helping. On exam there is increased lumbar pain; positive Kemp test; positive right straight leg raise; and the rest of the exam is illegible. The treatment plan is pain management for lumbar spine; MRI of the lumbar spine; continue meds; urine toxicology.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Norco 5/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. (c) Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The physician and surgeon should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient. There should be evidence of a treatment plan. The documentation is not clear that the patient has failed non opioid analgesics. There is no evidence of functional assessments and no evidence of discussion of risks/benefits of starting opioids or a treatment plan. The request for Norco 5/325mg#90 is not medically necessary.

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management criteria for use criteria for use of Opioids P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94.

Decision rationale: Urine toxicology is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that frequent random urine toxicology screens can be done to avoid opioid misuse, particularly those at high risk. The patient's opioids were deemed not medically necessary; there is no evidence of aberrant behavior; it is unclear whether the patient has had multiple prior urine toxicology screens therefore urine toxicology is not medically necessary.

MRI right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines elbow complaints Page(s): 33.

Decision rationale: MRI of the right elbow is not medically necessary per the MTUS guidelines. The MTUS states that the criteria for ordering imaging studies are: The imaging study results will substantially change the treatment plan; emergence of a red flag; failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. The documentation does

not reveal exam findings of the elbow that reveal a red flag or specific elbow dysfunction that would require an MRI of the elbow. The documentation is not clear on how this would change the medical treatment plan. The request for MRI of the right elbow is not medically necessary.