MAXIMUS Federal Services

Case Number:	CM14-0182515		
Date Assigned:	11/07/2014	Date of Injury:	08/30/2010
Decision Date:	12/12/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 41 year old male with an injury date of 08/30/10. Per the 09/09/14 report by [redacted] the injured worker presents with cervical and lumbar spine pain rated 8/10 which is unchanged since 05/02/14. Cervical pain is described as sharp and traveling to the bilateral shoulders and to the arm with numbness to the fingers and there is aching pain traveling to the bilateral legs down to the calf with numbness and tingling in the feet. The injured worker has antalgic gait on the left. Per the 07/17/14 report, the injured worker is temporarily totally disabled for the next 4 weeks. More recent reports do not state work status. Examination of the cervical spine reveals moderate tenderness to palpation and spams over the cervical paraspinous muscles extending to both trapezii with axial head compression and Spurling's sign tests positive bilaterally. There is facet tender to palpation with decreased sensation along the C4-C7 dermatomes. Lumbar spine examination shows diffuse tenderness to palpation over the lumbar paraspinous muscles with moderate facet tenderness to palpation along the L4 through S-1 levels. The following tests are positive bilaterally: Kemp's and Farfan, and there is decreased sensation in the left L5 dermatome. The injured worker's diagnoses include: 1. cervical spine disc disease and radiculopathy2. Lumbar spine disc disease and radiculopathy3. Lumbar spine facet syndrome4. Chronic pain5. Internal medicine diagnosisCurrent medications as of 07/26/14 are listed as Norco, Prilosec, Amlodipine, and Losartan. The utilization review being challenged is dated 10/03/14. Reports were provided from 02/28/14 to 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills [1 PO TID]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management of Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88-89, 78.

Decision rationale: The treating physician requests for Norco 10/325 mg #90 with 2 refills (1 PO TID) -Hydrocodone (an opioid). Reports indicate the injured worker has been taking this medication from at least 03/13/13 through 07/26/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." The treating physician states on 06/11/14 that this medication was prescribed to "better manage the injured worker's moderate-to severe chronic pain and cites the injured worker's 04/04/14 statement that medications were helpful for pain control." The treating physician further states that Norco aims to "significantly eliminate if not reduce" pain intensity especially when recuperating at home. In this case, pain is routinely assessed using pain scales. Pain is stated to 10/10 on 04/04/14; 8-9/10 on 05/02/14, 8/10 on 06/10/14 and 8/10 on 09/09/14. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. The reports show that a UDS was conducted on 03/06/13, The 04/14/14 report states a UDS will be conduction on the next visit and the 08/13/1 ([redacted]) and 09/09/14 [redacted]) reports state UDS's were performed. However, no urine toxicology reports are provided nor are results discussed, and there is no discussion of CURES, adverse side effects or aberrant behavior. No outcome measures are provided as required by MTUS. Therefore, the request for Norco is not medically necessary.

Magnetic Resonance Imaging (MRI) Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/low_back.htm)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI Topic

Decision rationale: ODG guidelines Low Back Chapter MRI Topic, state that, "MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant

pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)."The reports show the injured worker received an ESI at C5-C6, C6-C7 on 07/26/14 with 80% relief. On 09/09/14 the treating physician states that the injured worker may be a candidate for Lumbar ESI or possibly facet injections but he needs a new MRI lumbar prior to moving forward. The reports do not indicate a prior MRI lumbar or lumbar surgery for this injured worker. In this case, the injured worker has "lumbar spine" pain with achy pain traveling to the "bilateral legs" to the "calf" with "numbness and tingling in the feet" along with decreased sensation in the "left L-5 dermatome." The treating physician's reason for the request is documented and this is not a repeat MRI. The request for Magnetic Resonance Imaging (MRI) Lumbar Spine is medically necessary.

Urine Toxicology Screening: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

Decision rationale: The treating requests for Urine Toxicology Screening. MTUS guidelines do not specify the frequency of UDS for risks of opiate users. ODG guidelines, however, recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. For moderate and high risk, more frequent UDS's are recommended. The reports provided indicate opioid use by this injured worker since before 08/15/13 (Norco refilled). The reports provided show performance of UDS's on 03/06/13, 08/13/14 and 09/09/14 and an additional test appears to have done approximately May 2014. The results of these tests are not included. Three to four UDS's per year may be appropriate for high risk opiate users, but too frequent for routine monitoring. The treating physician does not provide risk assessment. The request for Urine Toxicology Screening is not medically necessary.