

<b>Case Number:</b>	CM14-0058457		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, sleep disturbance, and hypertension reportedly associated with an industrial injury of August 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy over the course of the claim; psychotropic medications; psychological counseling; and extensive periods of time off of work. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for Norco, a cervical MRI, and a lumbar MRI. It was suggested that the applicant was off of work from a mental health perspective, it is incidentally noted. The applicant's attorney subsequently appealed. On December 4, 2013, the applicant presented with a variety of complaints, including hypertension, neck pain, sleep disturbance, obstructive sleep apnea, and sexual dysfunction. The applicant was given prescriptions for Norvasc, Prilosec, and Norco. The attending provider apparently discontinued some topical compounded creams. The applicant's work status was not furnished. On April 23, 2014, the applicant's secondary treating provider sought authorization for amlodipine, Prilosec, losartan, and Viagra. It was stated that cervical MRI imaging of March 12, 2014 was notable for multilevel degenerative changes and osteophytic changes at C5-C6 and C6-C7. The attending provider did not appear to act on the results of the MRI in question. A surgical consultation was not ordered. On December 6, 2013, the applicant reported persistent complaints of neck and back pain, 9/10. The applicant stated that his medications were helping. Decreased sensation was noted about the C5 dermatome bilaterally. 5/5 bilateral upper extremity strength was appreciated. Limited lumbar range of motion was noted with 5/5 bilateral lower extremity strength and normal lower extremity reflexes were also appreciated. Norco, a cervical MRI, and lumbar MRI were sought. On December 9, 2013, the applicant was placed off of work,

on total temporary disability. In a medical-legal evaluation of February 28, 2014, it was suggested that the applicant was using medical marijuana. The applicant was given Global Assessment of Functioning (GAF) of 61 from a mental health perspective and an associated 18% whole-person impairment rating. The applicant had issues with depression and bipolar disorder, it was acknowledged.

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

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

**Norco 10/325mg 1 tid #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioid topic.; When to Continue Opioids topic Page(s): 79; 80.

**Decision rationale:** As noted on page 80 in the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of a successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work, although it is unclear whether this is from a medical perspective or a mental health perspective. The applicant's pain complaints are described as in the 9/10 range or greater. The attending providers have not described any tangible or concrete improvements in function with ongoing usage of Norco. Continuing the same, on balance, does not appear to have been indicated, particularly in light of the fact that the applicant is also concurrently using medical marijuana, it has been suggested by a medical-legal evaluator. As further noted on page 79 of the MTUS Chronic Pain Guidelines, immediate discontinuation of opioids is recommended in applicants who are misusing illicit drugs. For all stated reasons, then, discontinuing the opioid in question appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.

**Updated MRI of cervical:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

**Decision rationale:** As noted in the ACOEM Guidelines, MRI or CT imaging is "recommended" to validate diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, however, there is no clear evidence of neurologic compromise associated with the cervical spine. The applicant is consistently described as exhibiting well preserved, 5/5 bilateral upper extremity strength. While the applicant did exhibit some hyposensorium about the upper extremities on one occasion referenced above, there was no intention that the applicant was intent on the acting on the results

of the same and/or intent on considering a surgical remedy insofar as the cervical spine was concerned. It was further noted that the cervical MRI in question was ultimately performed and was, in fact, essentially negative, failing to uncover any evidence of a lesion amenable to surgical correction. Therefore, the request is not medically necessary.

**Updated MRI of the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 177-178, 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** As noted in the ACOEM Guidelines, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical remedy insofar as the lumbar spine is concerned. The applicant's well-preserved lower extremity motor function, furthermore, argues against any neurologic compromise associated with lumbar spine, which would require lumbar MRI imaging to uncover. There is no evidence that the applicant would act on the results of lumbar MRI imaging in question and/or consider a surgical remedy were it offered, moreover. For all the stated reasons, then, the request is not medically necessary.