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| <b>Case Number:</b>   | CM14-0084311 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 10/16/2002 |
| <b>Decision Date:</b> | 10/21/2014   | <b>UR Denial Date:</b>       | 05/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/06/2014 |

### 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 patient is a 53 year old with an injury date on 10/16/02. Patient complains of persistent lower lumbar pain with radiation into bilateral lower extremities per 3/18/14 report. Patient is unable to tolerate Neurontin secondary to swelling, but is otherwise stable on conservative management per 3/18/14 report. Based on the 3/18/14 progress report provided by [REDACTED] the diagnoses are spondylosis of unspecified site without mention of myelopathy, postlaminectomy syndrome, lumbar region and lumbar radicular pain, right leg. Exam on 1/14/14 showed "antalgic gait, straight leg raise is positive on right." No range of motion testing was included in reports. [REDACTED] is requesting pain management follow ups with [REDACTED], infection panel, and Hydrocodone/APAP 10/325mg #90. The utilization review determination being challenged is dated 5/13/14 and denies infection panel as it is a "repeat request." [REDACTED] is the requesting provider, and he provided treatment reports from 1/14/14 to 3/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management follow-ups with [REDACTED]:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 405.

**Decision rationale:** This patient presents with lower back pain and bilateral lower extremity pain. The provider has asked for pain management follow ups with [REDACTED]. Regarding follow-up visits, ACOEM states the frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. In this case, the patient has had 4 visits to a pain management specialist from 12/24/13 to 3/18/14 to treat ongoing chronic pain condition. The patient requires on-going pain management; therefore the request is medically necessary.

**Infection Panel:** Overturned

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

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

**Decision rationale:** This patient presents with lower back pain and bilateral leg pain. The provider has asked for infection panel. Regarding pre-operative testing, ODG states these investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Routine preoperative tests are defined as those done in the absence of any specific clinical indication or purpose and typically include a panel of blood tests, urine tests, chest radiography, and an electrocardiogram (ECG). These tests are performed to find latent abnormalities, such as anemia or silent heart disease that could impact how, when, or whether the planned surgical procedure and concomitant anesthesia are performed. In this case, the patient is scheduled for a repeat lumbar fusion, and the requested infection panel appears reasonable and within ODG guidelines.

**Hydrocodone /A9A9 10/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain and bilateral leg pain. The provider has asked for Hydrocodone/APAP 10/325mg #90. It is unclear how long patient has

been taking Hydrocodone. For chronic opioids use, 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. In this case, the provider indicates a decrease in pain with current medications which include Hydrocodone, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. There is no discussion regarding urine toxicology, or other opiate management issues. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS the request is not medically necessary.