

Case Number:	CM14-0121594		
Date Assigned:	09/16/2014	Date of Injury:	12/31/2001
Decision Date:	07/07/2015	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 63 year old male, who sustained an industrial injury on December 31, 2001. Treatment to date has included imaging of the lumbar spine, medications, and home exercise program. An evaluation on July 7, 2014 revealed the injured worker complained of pain in the neck, right shoulder, right hip, left knee and right low back. He describes his pain as constant, sharp, aching, shooting and burning and notes that the pain is made worse with physical activity. It is relieved with sleep, medication and changing positions. He rates the pain as 3-5 on a 10-point scale and notes that without medication his pain is rated a 6-8 on a 10-point scale. He reports an increase in pain, numbness and tingling and a decrease of range of motion in the neck, lumbar spine and torso. He reports increased cervical spine pain with radicular radiation to the bilateral upper extremities and an increase in lumbar spine pain with radiation of pain to the bilateral lower extremities and bilateral hips. The diagnoses associated with the request include chronic lumbar back pain, cervicalgia, thoracic back pain and left knee pain. The treatment plan includes Vicodin, daily stretching program and MRI of the cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/500mg, #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. The requesting physician is also taking measures to assess for aberrant behavior that may necessitate immediate discontinuation of the medications. The injured worker's opioid medication dosing has remained stable and, and he appears to be in a maintenance stage of his pain management. While the prescription for Hydrocodone/Acetaminophen 5/500mg, #90 is appropriate for the injured worker, the 5 refills are not consistent with appropriate monitoring of functional improvement. The injured worker should follow-up with primary physician prior to refills being prescribed. The request for Hydrocodone/Acetaminophen 5/500mg, #90 with 5 refills is determined to not be medically necessary.

1 Open MRI of the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. Although the injured worker has subjective complaints of neuropathy, there is no objective evidence to corroborate the claim. Other criteria for special studies are also not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The request for 1 open MRI of the cervical spine is determined to not be medically necessary.

1 Open MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG): Neck and Upper Back (Acute & Chronic), Low Back: Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297, 303, 304, 309.

Decision rationale: The MTUS Guidelines do not recommend the routine use of MRI with low back complaints. MRI should be reserved for cases where there is physiologic evidence that tissue insult or nerve impairment exists, and the MRI is used to determine the specific cause. MRI is recommended if there is concern for spinal stenosis, cauda equine, tumor, infection or fracture is strongly suspected, and x-rays are negative. There is no evidence of neuropathy on physical exam and no evidence of red flags. The request for 1 open MRI of the lumbar spine is determined to not be medically necessary.