

Case Number:	CM14-0192452		
Date Assigned:	11/26/2014	Date of Injury:	03/20/2003
Decision Date:	01/22/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 Rehab, 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:

This patient is a 50-year-old male with the date of injury of March 20, 2003. According to progress report dated October 20, 2014 the patient continues to complain of pain over the bilateral sacroiliac joints, low back, neck and right shoulder. Examination of the right hip revealed positive trochanteric tenderness. Examination of the lower back revealed well healed incision. There is tenderness to palpation of the lumbar paraspinal musculature with decreased range of motion secondary to pain and stiffness. There is positive Patrick's maneuver. Straight leg raise test is positive. Sensory examination is diminished to light touch and pinprick at the bilateral C6-S1 dermatomal distribution. The lists of diagnoses are cervical radiculopathy, bilateral shoulder impingement syndrome, right elbow lateral epicondylitis, lumbar disc disease, lumbar radiculopathy, bilateral sacral joint arthropathy and mood disorder. Treatment plan is for the patient to continue with medications including Norco, CT myelogram of lumbar spine, MRI of right hip and liver function test and basic metabolic panels. The utilization review denied the request on November 11, 2014. Treatment reports from November 25, 2013 through October 20, 2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: This patient presents with chronic neck, low back and right hip pain. The current request is for one prescription of Norco 10/32g #120. The medical reports provided for review are handwritten and partially illegible. The utilization review states that the patient has been utilizing Norco since at least July 6, 2010. MTUS Guidelines pages 88 and 89 state, "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, recommendation for further use of Norco cannot be supported as the treating physician has provided no discussion regarding this medication's efficacy. There is no pain scales to denote decrease in pain, discussions of specific functional improvement or changes in ADL's with long-term Norco use. Excessive urine drug screens and lab test tests have been performed, but there are no discussions regarding adverse side effects or possible aberrant behaviors. The treating physician has failed to provide the minimum requirements of documentation that are outlined at MTUS for continued opiate use. The requested Norco is not medically necessary.

1 CT myelogram of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 59.

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, Myelography

Decision rationale: This patient presents with chronic neck, low back and right hip pain. The current request is for CT myelogram lumbar spine. The ODG Guidelines, under its low back chapter, states that myelography is not recommended except for selected indication such as cerebrospinal fluid leak, surgical planning, radiation therapy planning for tumors, evaluation of spinal or basal cisternae disease/infection, poor correlation with physical finding with MRI and if MRI cannot be tolerated/surgical hardware present. The treating physician states that he is requesting a CT myelogram "to assess the degree of stenosis." The patient had an MRI of the l-spine on 6/9/14 which revealed "evidence of congenital spinal stenosis with significant tapering of the thecal sac beginning at the level of the conus such that there is severe congenital spinal stenosis particularly prominent at the L3-4 level where the stenosis approaches critical." In this case, the patient does not meet the indication for a CT myelogram, and has successfully undergone a lumbar MRI which provided documentation of stenosis as discussed above. The requested CT myelogram is not medically necessary.

1 MRI of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & pelvis chapter, MRI

Decision rationale: This patient presents with chronic neck and low back and right hip pain. The current request is for 1 MRI of the right hip. The ACOEM and MTUS guidelines do not address MRI for the hip/pelvic. ODG guidelines under its Hip & Pelvis section have the following regarding MRI, "Recommended as indicated below. MRI is both highly sensitive and specific for the detection of many abnormalities involving the hip or surrounding soft tissues and should in general be the first imaging technique employed following plain films." Indications for imaging are osseous, articular or soft tissues abnormalities, osteonecrosis, occult and stress fracture, acute and chronic soft tissues injuries and tumors. There are no indication of prior hip x-rays or MRI. Progress reports indicate that the patient continues with bilateral sacroiliac joint pain. In this case, there is no documented concerns as indicated by ODG that would require an MRI of the hip. This request is not medically necessary.

1 Liver function test and basic metabolic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); and National Guidelines Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines periodic lab testing Page(s): 70.

Decision rationale: This patient presents with chronic neck and low back and right hip pain. The current request is for liver function test and basic metabolic panels. The MTUS, ACOEM, and ODG Guidelines do not specifically discuss routine laboratory testing. However, the MTUS Guidelines page 70 does discuss "periodic lab monitoring of CBC and chemistry profile (including liver and renal function tests)." MTUS states that monitoring of CBC is recommended when patients take NSAIDs. It goes on to state, "There has been a recommendation to measure liver and transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." This patient medication regimen includes Fexmid, Norco, and Prilosec. In this case, the treating physician has not prescribed NSAIDs and MTUS supports CBC lab monitoring for patient that are taking NSAID, and other lab tests are not supported by MTUS. This request is not medically necessary.