

Case Number:	CM14-0195173		
Date Assigned:	12/02/2014	Date of Injury:	01/23/1992
Decision Date:	01/16/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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 63year old male with an injury date on 01/23/1992. Based on the 10/29/2014 progress report provided by the treating physician, the diagnoses are:1. Eight and a half month's status post TPLIF (Transforaminal Posterior Lumbar Interbody Fusion) with laminectomy, L4-52. Right gluteal bursitis. According to this report, the patient complains of "continue low back pain with recent development of right gluteal bursitis pain radiating down the posterior leg and occasionally to the foot. This has been intermittently over the past 3-4 days, worse with prolonged standing." Physical exam reveals an individual with "slow but stable gait" left foot drop, and wear an AFO (ankle-foot orthosis) brace. Tenderness to palpation is noted at the right gluteal bursa. Per treating physician, "X-ray of the lumbar spine dated October 29, 2014, show well-aligned instrumentation with intradiscal consolidation." X-ray report was not included in the file for review. Treatment to date includes medications, physical therapy, home exercise, surgery to the low back, and soft tissue injection to the bursitis. Patient's work status is "temporary total disability." The 09/17/2014 report indicates the patient "continue to have some burning dysesthesias in his feet bilaterally. He did have some improvement in his strength." The patient was recommended to "continue with his independent exercise." There were no other significant findings noted on this report. The utilization review denied the request for Norco 10/325mg #120 and 1 X-ray of the lumbar spine on 11/14/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 02/26/2014 to 11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: 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, 88, and 89.

Decision rationale: According to the 10/29/2014 report, this patient presents with "continue low back pain with recent development of right gluteal bursitis pain radiating down the posterior leg and occasionally to the foot. The current request is for Norco 10/325mg #120. This medication was first mentioned in the 04/01/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Per 10/07/2014 report, the treating physician documents the patient "need 4-5 Norco daily to remain functional help control his pain." The patient "is using his pain medication well under the maximum limits, which is helping to keep him functional, his pain controlled and increased his quality of life. Without his current Norco medication his pain would be more severe." In this case, other than the statement Norco "is helping to keep him functional, his pain controlled and increased his quality of life," the report shows no documentation of pain assessment; no numerical scale is used describing the patient's function. No specific ADL's (activities of daily living), return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. No opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to clearly documented the 4 A's as required by MTUS. Therefore the request is not medically necessary.

One (1) X-ray of the Lumbar Spine: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 under Radiography

Decision rationale: According to the 10/29/2014 report, this patient presents with "continue low back pain with recent development of right gluteal bursitis pain radiating down the posterior leg and occasionally to the foot. The current request is for One X-ray of the lumbar spine. The utilization review denial letter states "The patient did not present with any red flags and there

were negative findings for nerve root compromise. Regarding radiography of the lumbar spine, ODG states "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states indication for x-ray is considered when there Lumbar spine trauma; a serious bodily injury, neurological deficit seat belt (chance) fracture or uncomplicated low back pain; trauma, steroids, osteoporosis, over 70, suspicion of cancer, and infection. ODG also states that plain x-rays are indicated post-surgery to evaluate status of fusion. In this case the patient is eight and a half months status post TPLIF (Transforaminal Posterior Lumbar Interbody Fusion) with laminectomy, L4-5. The treating physician has requested an x-ray of the lumbar spine for evaluation post surgically. The current request is medically necessary. In this case the patient is eight and a half months status post TPLIF with laminectomy, L4-5. The treating physician has requested an x-ray of the lumbar spine for evaluation post surgically. The current request is medically necessary.