

<b>Case Number:</b>	CM14-0197891		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/29/2000
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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, 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 injured worker is a 55-year-old female who reported an injury on 12/23/1994. The mechanism of injury was a fall. Her diagnoses include generalized anxiety disorder, unspecified thoracic/lumbar, neuritis/radiculitis, chronic pain syndrome, carpal tunnel syndrome, and unspecified derangement of the medial meniscus. Her past treatments included physical therapy to both the wrist and knee, medial branch blocks on the left and right with no relief of back symptoms, and an epidural steroid injection to the S1. Her diagnostic studies included an EMG/NCS of the upper extremities, performed on 11/19/2014, she had MRIs of the lumbar spine on 04/15/2008 and 10/11/2010, and x-ray of the left knee on 06/30/2008. The injured worker's past surgeries included multiple surgeries on bilateral knees and a left carpal tunnel release. Her complaints on 12/24/2014 were constant pain to the lumbar spine area with a VAS rating of 3/10 least pain and 7/10 as worst pain. She described her pain as aching, stabbing, throbbing and tingling with numbness, which interrupts her sleep patterns. The injured worker indicates that symptoms are increased with bending, twisting or turning, walking, standing, or prolonged sitting, and that pain is decreased with medications, ice, heat, and a TENS unit. The injured worker also indicated that her pain radiated to the mid back, both legs and right leg, greater to the left leg, coccyx area and buttocks, and the pain on each side is rated at 70% on the right and 30% on the left with tingling and numbness to the left leg, foot, and 2 of her toes. The injured worker also indicated pain both to her left elbow and wrists, right elbow/CTS. Upon physical assessment, the injured workers lumbar spine showed bilateral tenderness to the paravertebral region, as well as in the areas of the S1. The injured worker's range of motion to the lumbar spine was forward flexion 80 degrees, extension 20 degrees, bilateral rotation 20 degrees, and bilateral tilting 20 degrees. Her sensory functions to the lower extremities and vascular functions were within normal limits. Her current medications include Aspirin 325 mg 1 tablet daily,

Docusate sodium 50 mg 1 capsule twice daily as needed, hydrocodone/acetaminophen 10/325 mg 1 to 2 tablets every 4 hours as needed, ketoprofen 75 mg 1 capsule 3 times daily, Restoril 30 mg 1 tablet at bedtime, Soma 350 mg 1 tablet 4 times daily, Cymbalta 60 mg 1 tablet twice daily, trazadone 50 mg 2 tablets at bedtime, Oxycontin 60 mg 1 tablet 4 times daily, and Wellbutrin XL 150 mg 1 tablet twice daily. The treatment plan included to continue current medications, awaiting determination of the AME report for further authorizations of treatment, and to return for re-evaluation in 1 month. The patient is to remain Temporary Total Disability (TTD) until 01/05/2015. The rationale for the request of Oxycontin 60 mg 120 and 3T MRI of the lumbar spine was not provided. The Request for Authorization for the Oxycontin was dated 01/08/2015, the Request for Authorization for the 3T MRI was not provided.

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

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

#### **1 PRESCRIPTION OF OXYCONTIN 60MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxycodone Page(s): 79,92.

**Decision rationale:** The request for 1 prescription of Oxycontin 60mg #120 is not medically necessary. The California MTUS Guidelines cite that Oxycontin is indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. Additionally if the injured worker has not failed conservative care and no overall improvement is noted weaning should occur. As the injured worker had been diagnosed with chronic pain syndrome, and reported pain on the VAS from 03/10 to 7/10 while on the Oxycontin as indicated on the office visit of 12/24/2014, and there was no indications of objective functional improvements. OXYCONTIN 60MG should be weaned. Additionally, the request as submitted failed to indicate the frequency of use. As such, the request for 1 prescription of Oxycontin 60mg #120 is not medically necessary.

#### **1 3T MRI OF THE LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for 1 3T MRI of the lumbar spine is not medically necessary. The American College of Occupational and Environmental Medicine indicates that there must be an unequivocal objective findings that identify specific nerve compromise to the neurologic examination with sufficient evidence to warrant imaging in patients who do not respond to treatment, and who would consider surgery an option. Once a neurological examination is less

clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study, an MRI is used for neuro or other soft tissue injury. The injured worker did indicate pain from 3/10 to 7/10 on the VAS, there was no clear objective neurological deficits such as sensation, motor strength, reflexes, or a straight leg raise. While the patient has had physical therapy to the knee and wrist, no documentation of failed conservative treatment for physical therapy of the back was provided, or evidence of a home exercise program with any functional deficits. As such, the request for 1 3T MRI of the lumbar spine is not medically necessary.