

Case Number:	CM14-0202487		
Date Assigned:	12/15/2014	Date of Injury:	01/30/2009
Decision Date:	03/12/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/03/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 36 year old female who sustained a work related injury to her lower back on Jan 30, 2009. No mechanism of injury was documented. Diagnoses were degenerative disc disease and radiculitis. The injured worker returned to the treating physician on June 24, 2014, due to a flare up to the lower back with radiation to the right buttocks after losing 30 pounds dieting, exercise and jogging. Medications at that time included flexeril, flector patches, and norco. Documentation as of June 24, 2014 notes that the injured worker did well with her last epidural steroid injection and requested to proceed with another injection. Examination showed loss of lumbar lordosis, tenderness in lumbosacral area, normal motor and sensory examination of the lower extremities, and 1 to 2 plus patellar reflexes and zero to 1 plus Achilles reflexes bilaterally and symmetrical. Magnetic resonance imaging (MRI) of August 22, 2014 documents moderately large right paramedian disc protrusion/extrusion at L5-S1 compressing the thecal sac and right S1 nerve and moderate central protrusion at L4-5 compressing the thecal sac. Both discs have enlarged substantially since 2009. On July 17, 2017 the injured worker underwent an epidural steroid injection at L5-S1 under fluoroscopy with significant improvement according to the primary treating physician's progress report on September 9, 2014. As of 9/9/14, the injured worker was using Flector Patch, Flexeril, and Percocet. The November 11, 2014 progress note documents severe pain with no relief with epidural steroid injection or medications with new right L5-S1 herniated nucleus pulposus, and orthopedic consultation was requested; however the same progress note indicates the injured worker can return to full duty without limitations or restrictions. Progress notes of 8/5/14 and 9/9/13 also indicated work status of return to full duty

without limitation or restriction. Physical examination was not documented at the 11/11/14 visit. The treating physician has requested authorization for Percocet 10/32mg #60, Norco 20/325 mg #120 with 2 refills and an orthopedic surgical consultation. On November 26, 2014 the Utilization Review denied certification for Percocet 10/32mg #60, Norco 20/325 mg #120 with 2 refills and an orthopedic surgical consultation. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines on opioid criteria and weaning, ACOEM Occupational Medicine Practice Guidelines and Official Disability Guideline (ODG) Low Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/32mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 74-96, 78-79.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. The injured worker has been using opioid medication for at least 5 months; there was no opioid contract or evidence of urine drug screening in the documentation submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the work status is documented as return to full duty without limitation or restriction, it is unclear if the injured worker has returned to work. In addition, the progress note of 11/11/14 documents severe pain with no relief with medications. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The injured worker has been prescribed both norco and Percocet, which is duplicative and potentially toxic. The request for Percocet 10/325 mg #60 is not medically necessary.

Norco 10/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96, 78-79.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. The injured worker has been using opioid medication for at least 5 months; there was no opioid contract or evidence of urine drug screening in the documentation submitted. Per the MTUS, opioids are minimally indicated, if at all, for chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. Although the work status is documented as return to full duty without limitation or restriction, it is unclear if the injured worker has returned to work. In addition, the progress note of 11/11/14 documents severe pain with no relief with medications. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain; change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The injured worker has been prescribed both norco and Percocet, which is duplicative and potentially toxic. The request for Norco 10/325 mg #120 with 2 refills is not medically necessary.

Ortho surgical consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316, 305-307.

Decision rationale: Per the MTUS, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy and obviously due to a herniated disc is detected; however the presence of a herniated disk on an imaging study does not necessarily imply nerve root dysfunction. The MRI of 8/22/14 did show disc protrusions at L4-5 and L5-S1 with compression of the thecal sac. The physical examination of 6/24/14 showed normal motor and sensory examination and symmetrical reflexes; no additional physical examinations were included in the documentation submitted. The progress note of 11/11/14 describes severe pain but indicates that the injured worker may return to full duty without restrictions. There was an initial improvement in symptoms after the epidural steroid injection on 7/17/14. The MTUS states that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit

from surgical repair, and failure of conservative measures to resolve disabling radicular symptoms. There were no electrophysiologic studies included in the documentation submitted. Examination was not consistent with neural compromise. The request for ortho surgical consult is not medically necessary.