

Case Number:	CM14-0204024		
Date Assigned:	12/16/2014	Date of Injury:	04/12/1999
Decision Date:	02/06/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/05/2014

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:

The patient is a 53 year old male with an injury date on 04/10/1999. Based on the 09/04/2014 progress report provided by the treating physician, the diagnoses are:1. Lumbar radicular pain2. Pain, Cervical3. Neuralgia4. Lumbago5. Disc disease6. Pain, facial / HA, bilateral greater occipital neuralgia insomnia related to pain.According to this report, the patient complains of "chronic multiregional pain syndrome" involving the low back, legs, neck, and headaches. Tingling is noted in both hand and low back pain radiating down both legs.Physical exam of the lumbar spine reveals tenderness at the paravertebral muscles. Straight leg raise is positive on the right at 30 degrees, positive on the left at 45 degrees. Weakness and decreased sensation are noted along the L4-L5 distribution. Exam of the cervical spine reveals positive Spurling test. Tenderness noted along the cervical paraspinal muscles. Parasthesia is noted at the bilateral hands. Cervical and lumbar exam findings are unchanged from 06/12/2014 and 08/07/2014 exam.According to the treating physician, the patient had MRI done in 2008; regions of the image studies and result were not included in the file for review."No other significant interval changes as compared to the previous visit." The treatment plan is continue with medications, obtain MRI of the cervical and lumbar, and patient is to return in 4 weeks for follow up visit.There were no other significant findings noted on this report. The utilization review modified the request for (1)Norco #60 to Norco #37 and(2) Lunesta 3mg #30 to Lunesta #17; and denied the request for (3)MRI of the lumbar spine and (4)MRI of the cervical spine on 09/12/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 01/08/2014 to 12/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines For Use Of Opioids; medication for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 09/04/2014 report, this patient presents with "chronic multiregional pain syndrome." The current request is for Norco 10/325 mg #60. This medication was first mentioned in the 01/08/2014 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. In this case, the documentation provided by the treating physician does not show any pain assessment and no numerical scale is used describing the patient's function. No specific ADL's or return to work is discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects is found in the records provided. The treating physician has failed to clearly document the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) as required by MTUS. Therefore, the request is not medically necessary.

Lunesta 3 mg, thirty count: 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), Mental Illness & Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter: Insomnia.

Decision rationale: According to the 09/04/2014 report, this patient presents with "chronic multiregional pain syndrome." The current request is for Lunesta 3mg #30. This medication was first mentioned in the 01/08/2014 report; it is unknown exactly when the patient initially started taking this medication. Regarding Lunesta, the MTUS and ACOEM Guidelines do not discuss, but ODG Guidelines discuss Lunesta under insomnia and state "Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days." Under Stress chapter, it states "Not recommended for long-term use, but recommended for short-term use." Review of the provided records, the treating physician does not mention that the patient has sleeping issue. The treater does not mention what Lunesta is doing for this patient. MTUS page 60 require that medication efficacy in terms of pain

reduction and functional gains must be discussed when used for chronic pain. Therefore, the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back Complaints Chapter (ACOEM Practice Guidelines, 2nd Edition (2007 Revision), Chapter 12), page 53

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; Magnetic resonance imaging.

Decision rationale: According to the 09/04/2014 report, this patient presents with "chronic multiregional pain syndrome." The current request is for MRI of the lumbar spine. The utilization review denial letter states additional information such as the "MRI result of the cervical and lumbar spine for this patient and include clear reasoning for the necessary of repeat MRIs" are needed to render a decision. Regarding repeat MRI study, ODG states "is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In reviewing the available reports, there is no discussion as to why the patient needs a repeat MRI of the lumbar spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of lumbar spine is not supported by the ODG guidelines. The current request is not medically necessary.

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.

MAXIMUS 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 chapter under MRI.

Decision rationale: According to the 09/04/2014 report, this patient presents with "chronic multiregional pain syndrome." The current request is for MRI of the cervical spine. The utilization review denial letter states additional information such as the "MRI result of the cervical and lumbar spine for this patient and include clear reasoning for the necessary of repeat MRIs" are needed to render a decision. Regarding repeat MRI's, ODG guidelines states, "not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." In reviewing the available reports, there is no discussion as to why the patient needs a repeat MRI of cervical spine when there no progression of neurologic deficit and no new injury. In this case, the request for a repeat MRI of the cervical spine is not in accordance with the guidelines. The request is not medically necessary.