

Case Number:	CM15-0001936		
Date Assigned:	01/13/2015	Date of Injury:	12/06/2000
Decision Date:	03/18/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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 59 year old male who sustained an industrial injury on 12/6/2000. He has reported subsequent severe lower back pain, bilateral groin and hip pain, left flank pain and numbness extending down the legs. The diagnoses have included pain in joint of pelvic region and thigh, lumbago, thoracic and lumbosacral neuritis/radiculitis, unspecified drug dependence and abuse and degeneration of lumbosacral intervertebral disc. Treatment to date has included oral pain medication, application of heat and ice, chiropractic therapy and a home exercise program. Past medical history includes hypertension, asthma, depression, and headaches; there was also documentation of marijuana use. Progress note from June 2014 states that the injured worker continues to note intermittent right buttock, lateral hip, and occasional groin pain which "has been there since the beginning" and that previous x-rays were performed. Currently the injured worker complains of continued severe low back pain extending to the back of the left heel, bilateral groin and hip pain, left flank pain and numbness extending down from the legs. The pain was noted as being 10/10 without medications and 4/10 with medication. Objective physical examination findings were notable for tenderness to palpation of the lumbar paraspinal muscles, decreased strength in the bilateral lower extremities, decreased sensation in L5-S1 distribution in bilateral lower extremities, decreased range of motion of the hip, pain reproduction with provocative testing and an antalgic gait. The physician documented that the injured worker's hip pain was affecting his walking, and that the injured worker was only sleeping 4 hours per night due to pain. Progress notes indicated that medications helped with activities of daily living, but subsequent progress notes document increased pain and decreased

ability to perform activities of daily living. The physician documented that the injured worker had been strongly advised to taper medications as much as possible. Urine drug testing was described as "appropriate" however specific dates of testing and results were not provided. Previous x-rays and lumbar MRI were mentioned but specific dates and results were not provided. Quazepam was initially prescribed in September 2014 and in the November 2014 progress note it was stated to be used as needed for insomnia. Work status was noted as not working/permanent and stationary. The physician noted that Trazadone would be requested for sleep, Norco would be renewed and MRIs of the lumbar spine and right hip would be requested for further evaluation of these areas. On 12/12/2014, Utilization Review non-certified request for MRI of the lumbar spine noting that prior MRIs had been completed and there was no documentation of progression of neurologic symptoms, discussion of surgery or progression of pain. Utilization Review (UR) non-certified the request for MRI of the hip, noting that plain radiographs had not been performed and were also requested. UR non-certified Quezapam noting that this medication was not recommended and there was no documentation that it was beneficial to the injured worker. A request for Norco was modified by UR from Norco 10/325 mg #120 with 1 refill to Norco 10/325 mg #68 between 11/17/2014 and 2/8/2015 indicating that due to the ineffectiveness of the medication at relieving pain, the medication should be slowly weaned. A request for Trazadone was modified by UR from Trazadone HCL 50 mg #90 with 1 refill to Trazodone HCL 50 mg #30 between 11/17/2014 and 2/8/2015 noting that the injured followed up monthly with the physician and thus the quantity being requested was unnecessary. MTUS, ACOEM, and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p.303-305, 309, Chronic Pain Treatment Guidelines.

Decision rationale: The ACOEM guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Magnetic resonance imaging (MRI) is the test of choice for patients with prior back surgery. Computed tomography or MRI are recommended when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. There was no documentation of prior back surgery or consideration of surgery for this injured worker. No red flag signs were present. Bilateral decreased strength and sensory loss was documented, which does not support unequivocal and specific nerve root compromise. No

electrodiagnostic studies were provided. Results and dates of the prior MRIs and x-rays were not provided. Due to lack of documentation of progressive symptoms or red flag signs, no prior electrodiagnostic studies, and previous MRI scan with unknown date and findings, the request for MRI of the lumbar spine is not medically necessary.

Right hip MRI without contrast: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation hip & pelvis chapter: magnetic resonance imaging

Decision rationale: Per the ODG, 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 MRI include osseous, articular or soft-tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft-tissue injuries, and tumors. The injured worker reported right hip pain and examination showed positive provocative testing. The documentation indicates that some previous x-rays were performed but it was not documented if these included x-ray of the right hip. A request for weightbearing bilateral hip x-ray was certified by Utilization Review on the same date that the request for MRI of the right hip was denied, and it does not appear that the hip x-ray was yet performed. As the guidelines require that plain films be obtained first, before obtaining an MRI of the hip, the request for MRI of the right hip is not medically necessary.

Trazodone HCL 50mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): p. 14-16. Decision based on Non-MTUS Citation chronic pain chapter: insomnia treatment

Decision rationale: Trazodone is a tetracyclic antidepressant used to treat depression and anxiety disorders. Per the MTUS, antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain, unless they are poorly tolerated, contraindicated, or ineffective. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the physician noted that trazodone was requested for sleep, and one progress note indicates that pain was interfering with sleep. The MTUS does not address the use of hypnotics other than benzodiazepines. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no

evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Because insomnia has not been adequately addressed, the request for trazodone is not medically necessary.

Quazepam 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): p. 24. Decision based on Non-MTUS Citation chronic pain chapter: insomnia treatment

Decision rationale: The MTUS notes that benzodiazepines are not recommended for long term use because efficacy is unproven and there is a risk of dependence, and most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. The injured worker has been prescribed quazepam for more than for weeks, with the indication documented as for insomnia. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Due to lack of documentation of evaluation of insomnia, and use of quazepam for longer than is recommended by the guidelines, the request for quazepam is not medically necessary.

Norco 10/325mg #120 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

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, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. The injured worker has been prescribed norco for at least 6 months. There is no evidence of significant pain relief or increased function from the opioids used to date. Pain was described as increased, activities of daily living were described as decreased, and the injured worker was not working. 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 or in activities of daily living. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The physician documented that urine drug testing was appropriate, but the specific dates and results of testing were not provided. The injured worker has documentation of marijuana use, and diagnosis of drug dependence and abuse; the November 2014 progress note documents opioid type dependence with unspecified abuse in the problem list. Due to lack of demonstration of functional improvement, history of drug dependence and abuse, and lack of prescribing in accordance with the MTUS guidelines, the request for Norco is not medically necessary.