

Case Number:	CM15-0002967		
Date Assigned:	01/13/2015	Date of Injury:	05/27/2014
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female who suffered a work related injury on 05/27/14. Per the physician notes from 11/17/14 her back is getting worse, with pain at 8-10 and moving across ribs, up spine, and down legs. Headaches are becoming more severe, and wrist is cramping and fingers are becoming like claws. The treatment plan consists of physical therapy, Norco, Tizanidine, thoracic MRI without contrast and lumbar MRI with contrast. On 12/08/14 the Claims Administrator non-certified the Norco for lack of documented pain and functional improvement, citing MTUS guidelines. The MRI studies were non-certified on 12/08/14 citing ACOEM guidelines. The non-certified treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with back pain, pain in ribs, bilateral leg pain, headaches, pain in wrist and shoulders. The treater has asked for NORCO 10/325MG #90 on 11/17/14 . Patient has been taking Norco since 7/29/14. For chronic opioids 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 4As (analgesia, ADLs, adverse side effects, and adverse 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 treater indicates a decrease in pain with current medications which include Norco, stating "medications help decrease the pain" per 7/29/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been asked for on 7/7/14 report, but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.

1 MRI- Thoracic spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: This patient presents with back pain, pain in ribs, bilateral leg pain, headaches, pain in wrist and shoulders. The treater has asked for 1 MRI - thoracic spine without contrast on 11/17/14. Review of the reports do not show any evidence of thoracic MRIs being done in the past. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." ODG guidelines support MRI's for signs and symptoms of neurologic findings, in chronic pain conditions. In this case, the patient has radiating symptoms in the ribs, with a diagnosis of thoracic radiculitis. The patient has not had an MRI of T-spine thus far. Given the patient's potential radicular symptoms in the thoracic cage, the requested MRI IS medically necessary.

1 MRI- Lumbar spine with gasolinium contrast: Overturned

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. Decision based on Non-MTUS Citation Low back chapter, MRI

Decision rationale: This patient presents with back pain, pain in ribs, bilateral leg pain, headaches, pain in wrist and shoulders. The treater has asked for 1 MRI - lumbar spine with gadolinium contrast on 11/17/14. Review of the reports do not show any evidence of lumbar MRIs being done in the past. Review of the reports do not show any evidence of lumbar MRIs being done in the past. ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false?positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." For uncomplicated low-back pain MRI's, ODG guidelines require documentation of radiculopathy, not responding to conservative care, prior surgery or cauda equina. In this case, the patient has worsening back pain, and a physical exam that corroborates radiating symptoms'a bilateral positive straight leg raise. The patient has not responded to conservative treatment. The request for a lumbar MRI to assess patient's worsening radicular symptoms pain appears reasonable. The request is medically necessary.