

<b>Case Number:</b>	CM15-0003686		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	03/19/1997
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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 50 year old male, who sustained an industrial injury on 3/19/1997, after a fall. He has reported chronic low back and leg pain. The diagnoses have included cervical disc degeneration and failed back surgery syndrome with intractable low back pain and leg pain. Treatment to date has included multiple spinal surgeries and conservative measures. A computerized tomography of the lumbar spine, dated 7/31/2012, showed moderate spinal stenosis and moderate recess stenosis at L2-L3, due to broad-based bulging of the disc and overriding of the facet joints. A PR2 report, dated 9/10/2014, referenced a lumbar computerized tomography scan dated 7/17/2013, as showing status post lumbar fusion surgery without evidence of complications. Bilateral sacroiliac (SI) joint disease was also noted. A lumbar computerized tomography scan was requested, noting increasing right hip pain, three months status post SI joint fusion. A lumbar spine computerized tomography scan, dated 10/13/2014, noted postsurgical changes of the lumbar spine and SI joints, without evidence of hardware malfunction, and L2-L3 spondylolisthesis with L1-L3 neural foraminal and central canal stenosis. Currently, the injured worker complains of right hip pain. A detailed physical exam of the injured worker was not noted. Urine drug test from 9/23/2014 was documented as consistent with prescribed medications. Analgesia was stable and medication refills were requested. A progress report, dated 12/10/2014, noted treatment plan with medication refills and lumbar computerized tomography scan. The reason for a repeat lumbar computerized tomography was not documented. Much of the handwritten progress report was illegible. On 12/25/2014, Utilization Review non-certified a prescription request for MSIR 30mg #180, a

prescription for Oxycontin 40mg #90, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR also non-certified a request for an unknown computerized tomography scan, citing ACOEM Guidelines.

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

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

**Prescription MSIR 30mg #180:** Upheld

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

**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 pain in the right thigh, lower back and right hip. The current request is for PRESCRIPTION MSIR 30MG #180. The Utilization review denied the request stating that the patient's pain and functional ability is limited despite medications and prior review non-certified this medication. For chronic opioids, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and function should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's including 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. The patient has been utilizing this medication since at least 6/24/14. Six months of progress reports were reviewed. In this case, the treating physician has not discussed how this medication decreases pain and significantly improves patient's activities of daily living or functional improvement. There are multiple urine drug screens, but no opioid pain agreement, or CURES reports are provided addressing possible aberrant behavior. There are no discussions of specific adverse effects either. MTUS requires appropriate discussion of the 4A's for continued opiate use. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary and recommendation is for slowing weaning per MUTS.

**Prescription of Oxycodone 40mg #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 pain in the right thigh, lower back and right hip. The current request is for PRESCRIPTION OF OXYCODONE 40MG #90. The Utilization review denied the request stating that the patient's pain and functional ability is limited despite medications. For chronic opioids, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and function should be measured at six-month intervals using a numerical

scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's including 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. The patient has been utilizing this medication since at least 6/24/14. Six months of progress reports were reviewed. In this case, the treating physician has not discussed how this medication decreases pain and significantly improves patient's activities of daily living or functional improvement. There are multiple urine drug screens, but no opioid pain agreement, or CURES reports are provided addressing possible aberrant behavior. There are no discussions of specific adverse effects either. MTUS requires appropriate discussion of the 4A's for continued opiate use. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary and recommendation is for slowing weaning per MTUS.

**Unknown CT scan:** 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:** This patient presents with pain in the right thigh, lower back and right hip. The current request is for UNKNOWN CT SCAN. The Utilization review states that this is a request for a CT scan of the lumbar spine which was made on 12/10/14 and the patient previously had a lumbar CT on 10/13/14. The medical file includes a CT scan of the lumbar spine dated 10/13/14, which revealed post surgical changes without evidence of hardware malfunction and L2-3 spondylolisthesis with L1-2 and L2-3 neural foraminal and central canal stenosis. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12, Low Back Complaints under Special Studies and Diagnostic and Treatment Considerations, pg 303-305 states "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." The repeat CT scan of the lumbar spine is not in accordance with the ACOEM guidelines. The patient already had a CT of the lumbar spine and there are no reports of progressively worsening lumbar symptoms to warrant a repeat cervical CT scan. Based on the provided information, the request for CT scan IS NOT medically necessary.