

Case Number:	CM15-0106249		
Date Assigned:	06/10/2015	Date of Injury:	06/20/1996
Decision Date:	09/24/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/02/2015

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 63-year-old male, with a reported date of injury of 06/20/1996. The diagnoses include low back pain, obesity, and degeneration of lumbar intervertebral disc. Treatments to date have included oral medications, pain management, and low back surgery. The medical report dated 03/06/2015 indicates that the injured worker reported that the pain treatment had barely worked and it had given him minimal quality of life. He continued to report that his sleep had been better since it had warmed up and he had experienced less pain due to the warmer temperatures. It was noted that the injured worker was experiencing the following symptoms: irritability, fatigue, questioning of worthlessness, social isolation, loss of interest in once pleasurable activities, and sleep problems. The objective findings include agitation, limited memory, clear speech, cooperative, and no delusions. No other objective findings regarding muscles, joints, range of motion noted. The medical report dated 04/06/2015 indicates that the injured worker complained of chronic low back pain. He rated his pain 5 out of 10. The objective findings include no acute distress, clear lungs, normal heart exam. No other objective findings regarding muscles, joints, pain, range of motion, or functionality noted. The treating physician requested a referral the chiropractor, a referral to acupuncture, a referral to counselor, an MRI of the lumbar spine, Morphine 20mg, and Oxycodone 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Chiropractor, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

Decision rationale: The patient presents with low back pain. The request is for REFERRAL TO CHIROPRACTOR, QTY 1. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation. Per 02/17/15 progress report, patient's diagnosis include low back pain, obesity, and degeneration of lumbar intervertebral disc. Patient's medications, per 04/06/15 progress report include Oxycodone and Morphine Sulfate. Patient is retired. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treater has not discussed this request. The patient continues with low back pain and is diagnosed with degeneration of lumbar intervertebral disc. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.

Referral to Acupuncture, Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

Decision rationale: The patient presents with low back pain. The request is for REFERRAL TO ACUPUNCTURE, QTY 1. The request is for REFERRAL TO CHIROPRACTOR, QTY 1. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation. Per 02/17/15 progress report, patient's diagnosis include low back pain, obesity, and degeneration of lumbar intervertebral disc. Patient's medications, per 04/06/15 progress report include Oxycodone and Morphine Sulfate. Patient is retired. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treater has not discussed this request. The patient continues with low back pain and is diagnosed with low back pain, obesity, and degeneration of lumbar intervertebral disc. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.

Referral to Counselor, Qty 1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations/Referrals, page 127.

Decision rationale: The patient presents with low back pain. The request is for REFERRAL TO COUNSELOR, QTY 1. The request is for REFERRAL TO CHIROPRACTOR, QTY 1. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation. Per 02/17/15 progress report, patient's diagnosis include low back pain, obesity, and degeneration of lumbar intervertebral disc. Patient's medications, per 04/06/15 progress report include Oxycodone and Morphine Sulfate. Patient is retired. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treater has not discussed this request. The patient continues with low back pain and is diagnosed with low back pain, obesity, and degeneration of lumbar intervertebral disc. The ACOEM Guidelines support the referral of patients to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. This request appears to be reasonable and in accordance with the guidelines. Therefore, it IS medically necessary.

MRI (magnetic resonance imaging) Lumbar Spine, Qty 1: 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, Acupuncture Treatment Guidelines.

Decision rationale: The patient presents with low back pain. The request is for MRI (MAGNETIC RESONANCE IMAGING) LUMBAR SPINE, QTY 1. The request is for REFERRAL TO CHIROPRACTOR, QTY 1. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation. Per 02/17/15 progress report, patient's diagnosis include low back pain, obesity, and degeneration of lumbar intervertebral disc. Patient's medications, per 04/06/15 progress report include Oxycodone and Morphine Sulfate. Patient is retired. Regarding MRI of L-spine ACOEM guidelines, Chapter 12, page 303 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." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: " Indications for imaging Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1 month conservative therapy; prior lumbar surgery; cauda equina syndrome. The treater

does not specifically mention this request. Review of the medical reports provided do not indicate a prior MRI of the lumbar spine. The patient continues with low back pain. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation . In this case, treater has not documented "Unequivocal objective findings that identify specific nerve compromise" on physical exams, as required by MTUS. ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. There are no discussions of trauma to the spine nor evidence of red flags, to warrant an MRI study. This request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.

Morphine Sulfate ER (extended release) 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain. The request is for MORPHINE SULFATE ER (EXTENDED RELEASE) 20 MG QTY 60. The request is for REFERRAL TO CHIROPRACTOR, QTY 1. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation. Per 02/17/15 progress report, patient's diagnosis include low back pain, obesity, and degeneration of lumbar intervertebral disc. Patient's medications, per 04/06/15 progress report include Oxycodone and Morphine Sulfate. Patient is retired. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. The treater has not specifically addressed this request. Patient has received prescriptions for Morphine Sulfate from 11/06/14 and 05/15/15. In this case, treater has not discussed how Morphine Sulfate significantly improves patient's activities of daily living. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. Urine analysis test results and CURES report were consistent with patient's medications. However, the 4A's have not been properly addressed. There are no discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Oxycodone (Oxycontin) 40 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with low back pain. The request is for OXYCODONE (OXYCONTIN) 40 MG QTY 120. The request is for REFERRAL TO CHIROPRACTOR, QTY 1. Patient is status post low back surgery, date unspecified. Physical examination to the lumbar spine on 05/15/15 revealed tenderness to palpation. Per 02/17/15 progress report, patient's diagnosis include low back pain, obesity, and degeneration of lumbar intervertebral disc. Patient's medications, per 04/06/15 progress report include Oxycodone and Morphine Sulfate. Patient is retired. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. The treater has not discussed this request. Oxycodone was included in patient's medications from 11/06/14 and 05/15/15. In this case, treater has not discussed how Oxycodone significantly improves patient's activities of daily living. The treater does not document measurable increase in activities of daily living due to prolonged opioid use. Urine analysis test and CURES report are current and consistent with patient's medications. However, no discussions regarding aberrant behavior were provided. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.