

Case Number:	CM15-0134159		
Date Assigned:	07/22/2015	Date of Injury:	07/22/1998
Decision Date:	08/26/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/10/2015

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 49 year old male, who sustained an industrial injury on 7/22/1998. Diagnoses have included low back pain and facet arthropathy. Treatment to date has included surgery, pain pump implant and removal and medication. Per the progress report dated 5/5/2015, the experienced a fall prior to his last visit due to a sudden, intense spasm through his spine. He rated his pain level as seven to nine out of ten. According to the progress report dated 6/1/2015, the injured worker complained of chronic spine and lower extremity pain. He rated his average pain in the last week as seven out of ten. Objective findings revealed that the injured worker appeared more uncomfortable than he had with prior visits, particularly since being without the Fentanyl patches. He ambulated with a halting gait. He used an ankle foot orthotic (AFO) on the right lower extremity. Authorization was requested for magnetic resonance imaging (MRI) of the lumbar spine, Dilaudid and Fentanyl.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back-Lumbar & Thoracic: MRI (5/15/15).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter under MRI.

Decision rationale: The patient was injured on 07/22/98 and presents with neck pain and lower extremity pain. The request is for a MRI of the lumbar spine. The utilization review denial rationale is that "there is no evidence that the patient has significant examination findings suggestive of neurological compromise coming from the lumbar spine that was not previously present." The RFA is dated 04/15/15 and the patient is disabled. The patient had a prior MRI of the lumbar spine on 09/16/08 which revealed that there is disc space narrowing and disc desiccation at the L3-4 and L4-5 levels. There is annular bulging and minimal posterior spondylitic riding at the L3-4 and L4-5 levels. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has lumbar spine spasm. He is diagnosed with low back pain and facet arthropathy. The 05/05/15 report states that the patient experienced "a fall before his last visit because he had sudden intense spasm through the spine and his pain had not calmed down at all." He is also experiencing paresthesias into his groin now, a neurologic change for which updated imaging is warranted given his complex history. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Given that the patient's last MRI of the lumbar spine was from 2008 and that the patient has neurologic changes, an updated MRI of the lumbar spine is medically reasonable. Therefore, the requested updated MRI of the lumbar spine is medically necessary.

Dilaudid 4mg #70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient was injured on 07/22/98 and presents with neck pain and lower extremity pain. The request is for Dilaudid 4 mg #70. The RFA is dated 04/15/15 and the patient is disabled. The patient has been taking Dilaudid as early as 11/20/14. 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 4 A's (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 Guidelines on page 83 also states that stronger opiates such as hydromorphone (Dilaudid) are recommended in osteoporosis patients for the treatment of severe pain under exceptional circumstances. The guidelines on page 75 also list Dilaudid as short-term. The patient has lumbar spine spasm. He is diagnosed with low back pain and facet arthropathy. The 05/05/15 report indicates that the patient rates his pain as a 7-9/10. The 06/01/15 report states that the patient rates his pain as an 8/10 at its worst and a 7/10 on average. "The patient has a signed opiate prescribing agreement with this clinic and has agreed not to get controlled substances for pain from other providers." Although the treater provides pain scales, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of specific ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. The patient does have a signed opiate prescribing agreement on file. The patient had a urine drug screen conducted on 04/10/15 which revealed that he was inconsistent with his prescribed medications. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Dilaudid is not medically necessary.

Fentanyl 25mcg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids, Fentanyl Transdermal Page(s): 60, 61, 88, 89, 76-78, 93.

Decision rationale: The patient was injured on 07/22/98 and presents with neck pain and lower extremity pain. The request is for Fentanyl 25 mcg #15. The RFA is dated 04/15/15 and the patient is disabled. The patient has been taking Fentanyl as early as 11/20/14. MTUS Guidelines page 93 regarding fentanyl transdermal states, "indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around the clock opiate therapy. The pain cannot be managed by other means (e.g., NSAIDs)." 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 4 A's (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 lumbar spine spasm. He is diagnosed with low back pain and facet arthropathy. The 05/05/15 report indicates that the patient rates his pain as a 7-9/10. The patient experienced "a fall before his last visit because he had sudden intense spasm through the spine and his pain had not calmed down at all. He experienced miserable withdrawal symptoms. He is experiencing much higher levels of pain since he is now without the [fentanyl] patches. He can barely accomplish anything in a day." The 06/01/15 report states that the patient rates his pain as

an 8/10 at its worst and a 7/10 on average. "It is outrageous that his carrier has denied his Fentanyl patches which has made a big difference and as a result, his pain levels have gone consistently up to the 7, 8, and even 9 out of 10 levels where as in the past they were much better managed at average of 3 to 4 out of 10 with better ability to manage day to day activities and self-care at home. The patient has a signed opiate prescribing agreement with this clinic and has agreed not to get controlled substances for pain from other providers." Although the treater provides pain scales, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of specific ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. The patient does have a signed opiate prescribing agreement on file. The patient had a urine drug screen conducted on 04/10/15 which revealed that he was inconsistent with Fentanyl. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Fentanyl is not medically necessary.