

Case Number:	CM15-0187236		
Date Assigned:	09/29/2015	Date of Injury:	08/16/2002
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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 female, who sustained an industrial injury on 8-16-2002. The injured worker was diagnosed as having status post disc excision and fusion L4-S1. Treatment to date has included diagnostics, lumbar spinal surgery in 2006, left knee surgery in 2007, periumbilical hernia repair in 2009, abdominal surgery in 2011, and medications. Currently (PR2 signed 8-04-2015), the injured worker complains of severe low back pain with radiation to the bilateral legs, pain not numerically rated (rated moderate per report signed 5-05-2015). Improvement in condition was checked as none and if activities of daily living were affected was checked yes. Objective findings regarding her lumbar spine noted only palpable tenderness, spasm, and decreased range of motion. She remained off work. Current side effects were not documented. The PR2 dated 5-19-2015 noted complaints that Norco was "causing increased acid reflux", noting a request for endoscopy-colonoscopy. The use of Norco 10-325mg was noted since at least 11-2013. Hardware removal was suggested for at least 6 months, without reference to radiographic imaging of the lumbar spine. The treatment plan included continued Hydrocodone-Acetaminophen 10-325mg #180 and computerized tomography of the lumbar spine with contrast. On 8-26-2015, Utilization Review modified the requested Hydrocodone-Acetaminophen 10-325mg to #90 and non-certified the computerized tomography of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids since at least November 2013 with noted increased acid reflux side effects. There are no identified improvement in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2002 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone/APAP 10/325 MG #180 is not medically necessary and appropriate.

CT Scan with Contrast of The Lumbosacral Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per ACOEM Treatment Guidelines for Low Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested CT scan of the Lumbar Spine include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant

imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for the CT scan of the Lumbar spine nor document any specific changed or progressive neurological clinical findings to support this imaging study per multiple submitted reports. There is no documented acute-flare up, defined progressive deficits, ADL limitations, or report of any new injury to support repeating the imaging study for this chronic injury of 2002. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The CT Scan with Contrast of The Lumbosacral Spine is not medically necessary and appropriate.