

Case Number:	CM15-0187518		
Date Assigned:	09/29/2015	Date of Injury:	02/27/2009
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
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, Arizona

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 58 year old male, who sustained an industrial injury on 2-27-09. Medical records indicate that the injured worker is undergoing treatment for sciatica, lumbar bulging discs, chronic pain and post-laminectomy syndrome. The injured workers current work status was not identified. On (9-20-15) the injured worker complained of increased sacral-coccygeal pain over the past month. The pain was rated 8 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness and a decreased range of motion. Facet loading was noted to be positive. A straight leg raise test was on the left. The injured workers gait was slow and antalgic. Subsequent progress reports (8-28-15, 7-16-15 and 6-17-15) indicate that the injured workers pain level was consistent at 7 out of 10. Treatment and evaluation to date has included medications, MRI of the lumbar spine (2014) and multiple lumbar spine surgeries. Current medications include Norco (since at least March of 2015), Baclofen, OxyContin, Celecoxib, Depo-testosterone, Zolpidem, Lyrica, and Hydrocodone. The injured worker notes that Norco reduces his pain flare-ups from 9-10 out of 10 to 7 out of 10. Of note, the injured worker has documented multiple myeloma and MRI in 2014 showed increased intensity lesions suspicious left posterior iliac bone and sacral metastases from multiple myeloma, and the Physician requests MRI for further evaluation/workup of these possible metastases. The request for authorization dated 9-11-15 included requests for an MRI of the lumbar spine without contrast, MRI of the thoracic spine without contrast, one sacralcoccygeal MRI without contrast and Norco 10-325 mg # 90. The Utilization Review documentation dated 9-17-15 non-certified the requests for an MRI of the lumbar spine without contrast, MRI of the thoracic spine without contrast and one sacralcoccygeal MRI without contrast and modified the request for Norco 10- 325 mg # 45 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the cervical spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Alberta Provincial Hematology tumor team. Multiple myeloma. Edmonton (Alberta): Cancer Control Alberta; 2013 Nov 54p.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Cervical MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Other references used include the National Guideline Clearinghouse, which states that MRI is not indicated as a diagnostic tool for multiple myeloma. The requesting physician wishes to obtain MRI for follow up of previously visualized (MRI, PET Scan) myeloma lesions. As previously, a PET scan was authorized, and MRI is not a diagnostic tool for the suspected condition, this request cannot be supported and as such, is not medically necessary.

1 MRI of thoracic spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. Thoracic MRI is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neoplastic and infectious processes can also be visualized using MRI. Other references used include the National Guideline Clearinghouse, which states that MRI is not indicated as a diagnostic tool for multiple myeloma. The requesting physician wishes to obtain MRI for follow up of previously visualized (MRI, PET Scan) myeloma lesions. As previously, a PET scan was authorized, and MRI is not a diagnostic tool for the suspected condition, this request for Thoracic MRI cannot be supported and as such, is not medically necessary.

1 sacralcoccygeal MRI without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

Decision rationale: Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. The CA MTUS and ODG do not address MRI sacrococcygeal region as diagnostic screening tool for suspected spinal tumor/lesions. Other references used include the National Guideline Clearinghouse, which states that MRI is not indicated as a diagnostic tool for multiple myeloma. The requesting physician wishes to obtain MRI for follow up of previously visualized (MRI, PET Scan) myeloma lesions. As previously, a PET scan was authorized, and MRI is not a diagnostic tool for the suspected condition, this request cannot be supported and as such, is not medically necessary.

Norco 10/325mg #90: 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.

Decision rationale: The California MTUS guidelines allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting improvement in participation of activities of daily living, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment, and discussion of monitoring for aberrant drug taking behavior (The 4 A's - Analgesia, Activities of Daily Living, Aberrant drug taking behavior, Adverse side effects). Within the submitted records, there is no recent mention of improved activities of daily living, nor is there mention of drug monitoring. Pain is reduced from 9-10/10 down to 7/10 with Norco use, but the 4 A's criteria has not been met and per prior UR determination, Norco was not recommended but instead, weaning was recommended. The request for Norco is not appropriate and not medically necessary.