

Case Number:	CM15-0196670		
Date Assigned:	10/14/2015	Date of Injury:	04/09/2013
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/06/2015

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 58 year old male, who sustained an industrial injury on 4-9-13. The injured worker is being treated for lumbosacral degenerative joint disease and disc with radiculopathy. Lumbar (MRI) magnetic resonance imaging performed on 1-13-14 revealed degenerative disc changes throughout the lumbar spine and foraminal stenosis at L3-4, L4-5 and L5-S1. Treatment to date has included transcutaneous electrical nerve stimulation (TENS) unit, oral medications (since at least 4-9-15), and Tramadol ER 300 mg (since at least 4-9-15), transforaminal epidural steroid injections (with no relief) and activity modifications. On 9-15-15, the injured worker complains of low back and posterior leg pain. Documentation did not include previous urine toxicology screen, level of pain prior to or following administration of medications or duration or pain relief. He is temporarily totally disabled. On 9-14-15 physical exam revealed lumbosacral spasm, asymmetric flexion, tight hamstrings and weakness of version. The treatment plan included request for (MRI) magnetic resonance imaging of lumbar spine, lumbar flexion-extension films, Norco, Norflex and Ultram. On 9-22-15 request for (MRI) magnetic resonance imaging of lumbar spine, lumbar flexion-extension films, Norco and Ultram was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, of lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter under MRI's (magnetic resonance imaging) (L-spine).

Decision rationale: Based on the 09/29/15 progress report provided by treating physician, the patient presents with low back and posterior leg pain. The request is for MRI, of lumbar spine. RFA with the request not provided. Patient's diagnosis on 09/29/15 includes lumbar spine DJD - disc with radiculopathy. Treatment to date has included injections, TENS, and medications. Patient's medications include Ultram and Norco. The patient is off-work, per 09/29/15 report. ACOEM Guidelines, Low Back Chapter 8, Special Studies, pages 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG guidelines, Low back chapter under MRI's (magnetic resonance imaging) (L-spine) states that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. "Repeat MRI's are indicated only if there has been progression of neurologic deficit." Physical examination on 09/29/15 revealed lumbar spine spasm. Positive straight leg raise test and weakness of extensor hallucis longus and ankle eversion. Per 03/09/15 report, the patient had a lumbar spine MRI on 01/03/14, which revealed degenerative disc changes throughout the lumbar spine and foraminal stenosis at L3-4, L4-5 and L5-S1. The provider has not provided reason for the request. According to guidelines, for an updated or repeat MRI, the patient must be post-operative or present with a new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any other condition to warrant another repeat MRI study. Therefore, the request is not medically necessary.

Ultram 150mgs ER #60: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 09/29/15 progress report provided by treating physician, the patient presents with low back and posterior leg pain. The patient is status post shoulder surgery in May 2009. The request is for Ultram 150mgs ER #60. RFA with the request not provided. Patient's diagnosis on 09/29/15 includes lumbar spine DJD - disc with radiculopathy. Physical examination on 09/29/15 revealed lumbar spine spasm. Positive straight leg raise test and weakness of extensor hallucis longus and ankle eversion. Per 03/09/15 report, the patient had a lumbar spine MRI on 01/03/14 which revealed degenerative disc changes throughout the lumbar

spine and foraminal stenosis at L3-4, L4-5 and L5-S1. Treatment to date has included injections, TENS, and medications. Patient's medications include Ultram and Norco. The patient is off-work, per 09/29/15 report. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 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." Ultram has been included in patient's medications per progress reports dated 03/09/15, 04/06/15 and 09/29/15. It is not known when this medication was initiated. Per 04/06/15 report, patient's pain is rated 7/10 with and 9/10 without medications. Regarding Tramadol, provider states "lack of benefit, roller coaster of pain." 04/06/15 progress report states "CURES report dated 4/6/2015 is consistent. Urine toxicology dated 5/19/14 is consistent...Medications will be continues as prior, the current regiment has been used appropriately and has been effective to increase activity and decrease pain." In this case, provider has addressed analgesia with numeric scales and aberrant behavior, in discussing the 4 A's. However, provider has not stated how Ultram significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding adverse reactions, ADL's, etc. No return to work or change in work status. MTUS requires appropriate discussion of the 4 A's to warrant continued use of opioid medications. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, there is no discussion why a medication that was not effective previously is being requested. Given the lack of documentation as required by guidelines, the request is not medically necessary that was not effective previously is being requested. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Norco 5/325mg #60: 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): Medications for chronic pain, Opioids, criteria for use.

Decision rationale: Based on the 09/29/15 progress report provided by treating physician, the patient presents with low back and posterior leg pain. The request is for NORCO 5/325MG #60. RFA with the request not provided. Patient's diagnosis on 09/29/15 includes lumbar spine DJD - disc with radiculopathy. Physical examination on 09/29/15 revealed lumbar spine spasm. Positive straight leg raise test and weakness of extensor hallucis longus and ankle eversion. Per 03/09/15 report, the patient had a lumbar spine MRI on 01/03/14, which revealed degenerative disc changes throughout the lumbar spine and foraminal stenosis at L3-4, L4-5 and L5-S1. Treatment to date has included injections, TENS, and medications. Patient's medications include Ultram and Norco. The patient is off-work, per 09/29/15 report. MTUS, Criteria for Use of Opioids Section, 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 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." Norco has been included in patient's medications per progress reports dated 03/09/15, 04/06/15 and 09/29/15. It is not known when this medication was initiated. Per 04/06/15 report, patient's pain is rated 7/10 with and 9/10 without medications. Regarding Norco, provider states "minimally effective, vision changes, nausea." Provider states in 04/06/15 progress report that "CURES report dated 4/6/2015 is consistent. Urine toxicology dated 5/19/14 is consistent...Medications will be continues as prior, the current regiment has been used appropriately and has been effective to increase activity and decrease pain." In this case, provider has addressed analgesia with numeric scales and aberrant behavior, in discussing the 4 A's. However, provider has not stated how Norco significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding adverse reactions, ADL's, etc. No return to work or change in work status. MTUS requires appropriate discussion of the 4 A's to warrant continued use of opioid medications. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. In addition, there is no discussion why a medication that was not effective previously is being requested. Given the lack of documentation as required by guidelines, the request is not medically necessary.