

Case Number:	CM15-0203720		
Date Assigned:	10/20/2015	Date of Injury:	09/10/2001
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/16/2015

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: Montana, Oregon, Idaho Certification(s)/Specialty: Orthopedic Surgery

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 60 year old female with a date of injury on 09-10-2001. The injured worker is undergoing treatment for lumbar pain, lumbosacral pain, sacroiliac pain and right hip pain. A physician note dated 07-08-2015 documents his pain is rated as 5 out of 10 and are present constantly. Right hip pain is rated 9 out of 10 and pain and is present 100% of the day. His sciatica pain is rates as 9 out of 10, and the left S1 pain is rated 9 out of 10 and described as a sharp burn and left S1 is rated 8 out of 10 and described as a sharp burn. A physician progress note dated 10-01-2015 documents the injured worker complained of lumbar spine pain rated 9 out of 10, and the pain was constant and present 100% of the time. The pain radiates down to the left greater than right. She rates her left hip pain as 9 out of 10. She has sciatic pain rated 9 out of 10. The left S1 joint was painful and rated 8 out of 10 and was sharp, burning and constant. She had right S1 pain that she rated 7 out of 10. There was numbness, tingling and weakness present bilaterally in her lower extremities. Axial loading was positive for pain reproduction. She has a flare while doing housework. The injured worker has increased activity and functionality on opiate therapy. "A new Magnetic Resonance Imaging of the lumbar spine is being ordered due to her last Magnetic Resonance Imaging was done on 05-18-2011." That Magnetic Resonance Imaging results revealed overall progression of multilevel multifactorial changes throughout the lumbar spine most notable for severe central canal stenosis at L2-L3 and moderate to severe central canal stenosis at the L3-L4 lateral recess stenosis. There was progression of neural foraminal stenosis. Treatment to date has included diagnostic studies, medications, chiropractic sessions, physical therapy, massage treatments, and previous injections, which were not helpful.

Current medications include Norco (since at least 05-20- 2015), Wellbutrin SL, Flexeril, Dyna MD pain cream, Advair discus, Neurontin, glyburide, Metformin, Pravastatin, and Tramadol. On 10-08-2015, Utilization Review modified the request for Norco 10/325mg, QTY: 30 to Norco 10/325mg QTY 15. The request for Outpatient MRI (magnetic resonance imaging) of the lumbar spine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Repeat MRI.

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

Decision rationale: According to CA MTUS/ (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." MRI imaging is indicated when cauda equine syndrome, tumor, infection or fracture are strongly suspected and plain film radiographs are negative. In this case, the worker has had a previous MRI of her lumbar spine on 5/8/11. The documentation does not report a significant change in the injured workers symptoms since the previous MRI to warrant a new study. There is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of 10/1/15. There are nonspecific radicular symptoms but no symptoms localized to a specific dermatome or myotome. There is no documentation of failure of a treatment program such as physical therapy. The request does not meet criteria set forth in the guidelines and therefore the request is not medically necessary.

Norco 10/325mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. According to the ODG pain section a written consent or pain agreement for chronic use is not required but may make it easier for the physician and surgeon to document patient education, the treatment plan, and the informed consent. The lowest possible dose should be prescribed to improve pain and function. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain/Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." In this case based on the documentation, there is insufficient evidence to recommend the chronic use of opioids. The worker sustained an injury in 2001. Regarding the long-term use of opioids there is no documentation of percentage of pain relief, duration of pain relief, compliance with urine drug screens, a signed narcotic contract or that the injured worker has returned to work. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.