

Case Number:	CM15-0206274		
Date Assigned:	10/23/2015	Date of Injury:	03/08/2008
Decision Date:	12/04/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/20/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 56 year old male, who sustained an industrial injury on 3-8-08. The injured worker is diagnosed with failed back surgery syndrome, bilateral lumbar neuropathy, lumbar disc bulges, lumbar spondylosis, sacroiliac joint pain, cervicalgia and right cervical neuropathy. The injured worker is not currently working per note dated 6-9-15. A note dated 6-9-15 reveals the injured worker presented with complaints of neck pain with numbness "corresponding to the right C7 dermatome"; moderate upper lumbar pain and spasm with intermittent numbness and tingling in the lower extremities and intermittent pain that radiates to his legs bilaterally. He also reports bilateral hip and thigh weakness as well as left knee pain, left knee flexion contracture and giving way. He reports difficulty engaging in activities of daily living and sleep disturbance. His pain is rated at 5-7 out of 10. A physical examination dated 6-9-15 revealed an altered gait. There is lumbar spasm and the paravertebral muscles are hypertonic and tender. The bilateral L1-L2 and L2-L3 facet and bilateral sacroiliac joints are tender. There is intermittent paresthesia along the bilateral L5 and S1 dermatomes. Treatment to date has included psychotherapy, aquatic therapy was beneficial; medications; OxyContin (4-2015), Hydrocodone and Lyrica (4-2015), L4-L5 and L5-S1 lumbar fusion and LSO brace. Diagnostic studies include lumbar spine MRI and CT scan and electrodiagnostic studies. A request for authorization dated 9-8-15 for Lyrica 150 mg #120, OxyContin 20 mg #120 and thoracic spine MRI without contrast is non-certified, per Utilization Review letter dated 10-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150 mg #120: 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): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 150 mg #120 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are opiate dependence; status post lumbar fusion; post laminectomy syndrome failed back surgery syndrome; bilateral lumbar L5, S1 neuropathy; lumbar disc bulges; lumbar spondylosis; sacroiliac joint pain; cervicalgia; right C5, C6 neuropathy and anxiety. Date of injury is March 8, 2008. Request for authorization is September 25, 2015. The most recent progress note in the medical record is dated July 14, 2015. The request for authorization is September 25, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization September 25, 2015. According to a progress note dated April 16, 2015, Lyrica and OxyContin were prescribed to the injured worker. Pain score was 5/10. According to the July 14, 2015 progress note, subjective complaints include chronic pain status post lumbar fusion with ongoing low back pain that radiates to the bilateral lower extremities. Pain score is 6/10. Objectively, the lumbar spine is tender to palpation in the injured worker wears an LSO brace. Motor function is 4/5 bilateral hips. There is no thoracic spine evaluation. There is no documentation demonstrating objective functional improvement to support ongoing Lyrica 150 mg. There is no subjective improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, an increase in the pain score from March 2015 to July 2015, no contemporaneous clinical documentation on or about the date of request for authorization and no documentation demonstrating objective functional improvement, Lyrica 150 mg #120 is not medically necessary.

Oxycontin 20 mg #120: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 20 mg #120 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are opiate dependence; status post lumbar fusion; post laminectomy syndrome failed back surgery syndrome; bilateral lumbar L5, S1 neuropathy; lumbar disc bulges; lumbar spondylosis; sacroiliac joint pain; cervicgia; right C5, C6 neuropathy and anxiety. Date of injury is March 8, 2008. Request for authorization is September 25, 2015. The most recent progress note in the medical record is dated July 14, 2015. The request for authorization is September 25, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization September 25, 2015. According to a progress note dated April 16, 2015, Lyrica and OxyContin were prescribed to the injured worker. Pain score was 5/10. According to the July 14, 2015 progress note, subjective complaints include chronic pain status post lumbar fusion with ongoing low back pain that radiates to the bilateral lower extremities. Pain score is 6/10. Objectively, the lumbar spine is tender to palpation in the injured worker wears an LSO brace. Motor function is 4/5 bilateral hips. There is no thoracic spine evaluation. There is no documentation demonstrating objective functional improvement to support ongoing OxyContin 20 mg. There are no detailed pain assessments or risk assessments. There is no documentation indicating an attempt to wean OxyContin. There is no documentation demonstrating objective functional improvement to support ongoing OxyContin. Additionally, one working diagnosis includes opiate dependence. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no documentation indicating an attempt to wean OxyContin and no detailed pain assessments or risk assessments with a diagnosis of opiate dependence, OxyContin 20 mg #120 is not medically necessary.

MRI thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 section, MRI thoracic spine.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the thoracic spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma,

neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are opiate dependence; status post lumbar fusion; post laminectomy syndrome (failed back surgery syndrome; bilateral lumbar L5, S1 neuropathy; lumbar disc bulges; lumbar spondylosis; sacroiliac joint pain; cervicgia; right C5, C6 neuropathy and anxiety. Date of injury is March 8, 2008. Request for authorization is September 25, 2015. The most recent progress note in the medical record is dated July 14, 2015. The request for authorization is September 25, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization September 25, 2015. According to a progress note dated April 16, 2015, Lyrica and OxyContin were prescribed to the injured worker. Pain score was 5/10. According to the July 14, 2015 progress note, subjective complaints include chronic pain status post lumbar fusion with ongoing low back pain that radiates to the bilateral lower extremities. Pain score is 6/10. Objectively, the lumbar spine is tender to palpation in the injured worker wears an LSO brace. Motor function is 4/5 bilateral hips. There is no thoracic spine evaluation. The documentation in the medical record includes multiple lumbar spine evaluations. As noted above, there is no contemporaneous clinical documentation on or about the date of request for authorization dated September 25, 2015. The utilization review referenced a September 17, 2015 progress note (not present in the medical record for review). The utilization review indicated tenderness over the T5 to T9 levels and facet joints. However, there was no documentation with a corroborating diagnosis to support the subjective and objective findings. As a result, there is no clinical indication or rationale for the thoracic spine MRI request. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on or about the date of request for authorization September 25, 2015, and no clinical indication or rationale for thoracic spine MRI, MRI of the thoracic spine without contrast is not medically necessary.