



<b>Case Number:</b>	CM15-0207700		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 66 year old male, who sustained an industrial injury on 4-6-06. The injured worker was diagnosed as having cubital tunnel syndrome left elbow and loose bodies. Treatment to date has included medications. Currently, the PR-2 notes dated 9-28-15 indicated the injured worker complains of left elbow, right knee, low back and right hip pain. He presented to this office for a re-evaluation of his complaints. The provider notes the injured worker was in the office on 9-18-15 as his pain became more severe and was put on Percocet three times a day and that is reported as helpful but he is waking up every hour during the night with pain. He complains of aching pain of the low back radiating to both posterior legs worse on the right. He has aching pain of the right hip radiating to the anterior right thigh he has numbness and pain in his left elbow radiating to the 4th and 5th fingers and a lot of achiness in his right knee. The injured worker was scheduled to for surgery to have left elbow for the removal of loose bodies on 10-14-15. The provider documents Currently his pain levels are a 4-5 out of 10 without medication, coming down to 2-3 out of 10 with medication, but during the night it is worse. He has had left knee meniscal repair 2-3 years prior. He reports he is borderline diabetic. The provider notes his CURES report dated 9-17-15 is consistent with provider and narcotic medications. His last urine drug screening was negative and he was not on any narcotics at that time. He is requesting Percocet TID #90 and writing for OxyContin 10mg to be taken at bedtime to help with his sleep and night pain. The last MRI of the lumbar spine was reported 5-24-2006 demonstrating broad-based disc bulge at L2-L3, L3-L4 and L5-S1 with potential for low-grade impingement of left S1 nerve roots. MRI of the pelvis dated 11-14-2006

showed evidence of avascular necrosis with greater than 50% of the right femoral head associated with edema, left femoral head consistent with avascular necrosis with approximately 30% of the surface. A PR-2 note date 8-20015 indicated the injured worker was only prescribed Tramadol 50mg, Clonazepam 0.25mg and Zolpidem 5mg. Percocet and Oxycodone were not listed as prescribed medications at that time. A Request for Authorization is dated 10-15-15. A Utilization Review letter is dated 10-6-15 and non-certification for MRI of the lumbar spine and MODIFIED THE CERTIFICATION for Percocet 10-325mg #90 to allow #60 only and Oxycontin 10mg #30 to allow #20 only. A request for authorization has been received for MRI of the lumbar spine; Percocet 10-325mg #90 and Oxycontin 10mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the lumbar spine:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs.

**Decision rationale:** The patient presents with left elbow, right knee, low back, and right hip pain rated at 4-5/10 without and 2-3 with medication. The request is for MRI of the lumbar spine. The request for authorization form is not provided. MRI of the lumbar spine, 05/24/06, shows broad-based disc bulge at L2-L3, L3-L4, lateral disc bulging greater on the left with moderate left and mild right foraminal narrowing, L4-L5 moderate canal and even more prominent lateral and foraminal narrowing bilaterally, moderate potential for impingement of the L5 nerve roots, L5-S1, 3 to 4 mm posterior disc bulge with posterior lateral spondylotic ridging and apophyseal joint disease, moderate effacement of the epidural fat, potential for low-grade impingement of the left S1 nerve roots. Physical examination of the left arm reveals he is tender at the medial epicondyle with a flexion deformity at the elbow. Exam of lumbar spine reveals he is tender in the lower paraspinal muscles. Range of motion is 50 degrees of flexion and 15 degrees of extension. Exam of right knee reveals mild tenderness at the joint. There is no edema or effusion. There is significant crepitus. Range of motion is fairly full. Exam of right hip reveals he is slightly tender at the lateral joint. He has significantly decreased flexion, internal and external rotation causing pain. Reflexes of the upper extremity are trace. Sensation is decreased in the left arm in an ulnar distribution. Sensation is decreased in the posterior thighs. Straight leg raising is negative today. Patrick's causes hip and low back pain. ODG-TWC Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, under MRIs (magnetic resonance imaging) Section states, "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 08/27/15, treater's reason for the request is "as it has been 9 years since his last one. This will rule out further spinal stenosis, neuroforaminal narrowing." Review of

provided medical records show the patient previously had an MRI of the Lumbar Spine on 05/24/06. For an updated or repeat MRI, the patient must present with new injury, red flags such as infection, tumor, fracture or neurologic progression. In this case, the patient does not present with any of these. Therefore, the request is not medically necessary.

**Percocet 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with left elbow, right knee, low back, and right hip pain rated at 4-5/10 without and 2-3 with medication. The request is for Percocet 10/325mg #90. The request for authorization form is dated 09/30/15. MRI of the lumbar spine, 05/24/06, shows broad-based disc bulge at L2-L3, L3-L4, lateral disc bulging greater on the left with moderate left and mild right foraminal narrowing, L4-L5 moderate canal and even more prominent lateral and foraminal narrowing bilaterally, moderate potential for impingement of the L5 nerve roots, L5-S1, 3 to 4 mm posterior disc bulge with posterior lateral spondylotic ridging and apophyseal joint disease, moderate effacement of the epidural fat, potential for low-grade impingement of the left S1 nerve roots. Physical examination of the left arm reveals he is tender at the medial epicondyle with a flexion deformity at the elbow. Exam of lumbar spine reveals he is tender in the lower paraspinal muscles. Range of motion is 50 degrees of flexion and 15 degrees of extension. Exam of right knee reveals mild tenderness at the joint. There is no edema or effusion. There is significant crepitus. Range of motion is fairly full. Exam of right hip reveals he is slightly tender at the lateral joint. He has significantly decreased flexion, internal and external rotation causing pain. Reflexes of the upper extremity are trace. Sensation is decreased in the left arm in an ulnar distribution. Sensation is decreased in the posterior thighs. Straight leg raising is negative today. Patrick's causes hip and low back pain. 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 4As (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." Per progress report dated 09/28/15, treater's reason for the request is "He has been taking the Percocet three a day. It is giving him significant benefit." Review of provided medical records show the patient was prescribed Percocet on 09/18/15. MTUS requires appropriate discussion of the 4A's, and treater does not discuss how Percocet significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing significant pain reduction with use of Percocet. However, there is no discussion regarding adverse effects or aberrant drug behavior. A UDS dated 08/05/15 and CURES report dated 09/17/15 are discussed. In this case, treater has discussed

some but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.

**Oxycontin 10mg #30: Overturned**

**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, Opioids for chronic pain.

**Decision rationale:** The patient presents with left elbow, right knee, low back, and right hip pain rated at 4-5/10 without and 2-3 with medication. The request is for Oxycontin 10mg #30. The request for authorization form is dated 09/30/15. MRI of the lumbar spine, 05/24/06, shows broad-based disc bulge at L2-L3, L3-L4, lateral disc bulging greater on the left with moderate left and mild right foraminal narrowing, L4-L5 moderate canal and even more prominent lateral and foraminal narrowing bilaterally, moderate potential for impingement of the L5 nerve roots, L5-S1, 3 to 4 mm posterior disc bulge with posterior lateral spondylotic ridging and apophyseal joint disease, moderate effacement of the epidural fat, potential for low-grade impingement of the left S1 nerve roots. Physical examination of the left arm reveals he is tender at the medial epicondyle with a flexion deformity at the elbow. Exam of lumbar spine reveals he is tender in the lower paraspinal muscles. Range of motion is 50 degrees of flexion and 15 degrees of extension. Exam of right knee reveals mild tenderness at the joint. There is no edema or effusion. There is significant crepitus. Range of motion is fairly full. Exam of right hip reveals he is slightly tender at the lateral joint. He has significantly decreased flexion, internal and external rotation causing pain. Reflexes of the upper extremity are trace. Sensation is decreased in the left arm in an ulnar distribution. Sensation is decreased in the posterior thighs. Straight leg raising is negative today. Patrick's causes hip and low back pain. 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 4As (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." Per progress report dated 09/28/15, treater's reason for the request is "he is having significant pain during the night. I feel he needs a long-acting medication during the nighttime." This appears to be the initial trial prescription for OxyContin. Since this is the initial prescription, the treater has not had the opportunity to document the medication's efficacy. Therefore, the request is medically necessary.