

<b>Case Number:</b>	CM15-0029259		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	05/16/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Emergency 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 31 year old male, who sustained an industrial injury on May 16, 2012. The diagnoses have included L5-S1 disc degeneration /displacement, L5-S1 foraminotomies and chronic intractable pain. Currently, the injured worker complains of continued low back pain with radiation of pain to the bilateral lower extremities. The pain is worse on the right than the left and the injured worker rates the pain a 10 on a 10-point scale without the use of medications. On examination, the lumbar spine has tenderness to palpation of the paravertebral muscles. He has a normal gait, normal heel-to-toe swing through gait with no evidence of a limp. Sensation to touch is intact in the bilateral lower extremities and his motor power is 5/5 of the bilateral lower extremities. On January 27, 2015 Utilization Review non-certified a request for MRI with contrast of the lumbar spine, and modified a request for OxyContin 30 mg #90 and Percocet 10/325 mg #90, noting that with regard to Percocet and OxyContin there is not documentation of functional improvement related to using these medications and with regard to the MRI there is no documentation of new or progressive neurological deficit in the lower limbs or a red-flag condition. The California Medical Treatment Utilization Schedule was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of lumbar MRI with contrast of the lumbar spine, OxyContin 30 mg #90 and Percocet 10/325 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast of the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The requested MRI with contrast of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "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". The injured worker has continued low back pain with radiation of pain to the bilateral lower extremities. The pain is worse on the right than the left and the injured worker rates the pain a 10 on a 10-point scale without the use of medications. On examination, the lumbar spine has tenderness to palpation of the paravertebral muscles. He has a normal gait, normal heel-to-toe swing through gait with no evidence of a limp. Sensation to touch is intact in the bilateral lower extremities and his motor power is 5/5 of the bilateral lower extremities. The treating physician has not documented an acute clinical change or new signs of radiculopathy. The criteria noted above not having been met, MRI with contrast of the lumbar spine is not medically necessary.

**Percocet 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Percocet 10/325mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain with radiation of pain to the bilateral lower extremities. The pain is worse on the right than the left and the injured worker rates the pain a 10 on a 10-point scale without the use of medications. On examination, the lumbar spine has tenderness to palpation of the paravertebral muscles. He has a normal gait, normal heel-to-toe swing through gait with no evidence of a limp. Sensation to touch is intact in the bilateral lower extremities and his motor power is 5/5 of the bilateral lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an

executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg #90 is not medically necessary.

**Oxycontin 30mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Oxycontin 30mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has continued low back pain with radiation of pain to the bilateral lower extremities. The pain is worse on the right than the left and the injured worker rates the pain a 10 on a 10-point scale without the use of medications. On examination, the lumbar spine has tenderness to palpation of the paravertebral muscles. He has a normal gait, normal heel-to-toe swing through gait with no evidence of a limp. Sensation to touch is intact in the bilateral lower extremities and his motor power is 5/5 of the bilateral lower extremities. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 30mg #90 is not medically necessary.