

Case Number:	CM15-0212001		
Date Assigned:	10/30/2015	Date of Injury:	06/11/1997
Decision Date:	12/14/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/28/2015

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: Preventive Medicine, Occupational 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:

This is a 66-year-old male who sustained a work-related injury on 6-11-97. Medical record documentation on 10-15-15 revealed the injured worker was being treated for cervical disc herniation, lumbar disc herniation and facet syndrome. He reported cervical spine pain rated 10 on a 10-point scale (10 on 9-23-15), shoulder pain rated 6 on a 10-point scale (8-9 on 9-23-15), low back pain rated 10 on a 10-point scale (10 on 9-23-15) and elbow pain rated 4 on a 10-point scale. He had back stiffness and pain over the lumbar area and lower back. He indicated his condition was worsened with extension, flexion, hip extension and flexion, and hip rotation. His back pain was described as aching and throbbing. He had substantial benefit with medications and the evaluating physician noted the injured worker had no aberrant behavior. His urine drug screen on 6-24-15 was described as within normal limits. His medications provided 90% improvement in his pain and he was on the lowest effective dosing of his medications. Objective findings included muscle strength of 5- or 5 out of 5 in all muscle groups tested. His muscle tone was normal. He had tenderness to palpation over the acromioclavicular joint and his left shoulder range of motion had decreased flexion, extension, and adduction with pain. He had bilateral cervical paraspinal muscles spasm and his cervical spine range of motion-included flexion to 10 degrees, and rotation to 15 degrees bilaterally. His right transmandibular joint was tender. His bilateral shoulder range of motion included flexion to 140 degrees, extension to 10 degrees bilaterally, abduction on the right to 90 degrees and on the left to 70 degrees. He had a positive Romberg's test. The injured worker had decreased sensation in multiple cervical and lumbar dermatomes and point tenderness of the paracervical and facet capsules of C2-C3 and C3-C4.

He had a positive FABER maneuver bilaterally with pain to palpation over L3, L4, L5 and S1 facet capsules and myofascial pain with triggering and spasm. The evaluating physician recommended CT of the cervical spine, and continuation of Norco 10-325 mg (used since at least 7-22-15) and Oxycontin 60 mg (used since at least 7-22-15). On 10-23-15, the Utilization Review physician determined Oxycontin 60 mg #90, Norco 10-325 mg #180 and lumbar spine computed tomography (CT Scan) #1 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 Mg # 90: 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, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of significant quantifiable pain relief or objective evidence of functional improvement with the prior use of this medication. Additionally, Oxycontin was not supported in previous reviews. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Oxycontin 60 Mg # 90 is determined to not be medically necessary.

Norco 10/325 Mg #180: 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): Opioids for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of

daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of significant quantifiable pain relief or objective evidence of functional improvement with the prior use of this medication. Additionally, Norco was not supported in previous reviews. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 Mg #180 is determined to not be medically necessary.

Lumbar Spine Computed Tomography (CT Scan) #1: Upheld

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

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/Myelography Section.

Decision rationale: The MTUS Guidelines recommend the use of CT myelography for preoperative planning as an option if MRI is not available. Per ODG guidelines, CT (computed tomography) myelography is not recommended except for selected indications below, when MR imaging cannot be performed, or in addition to MRI. Myelography and CT Myelography have largely been superseded by the development of high resolution CT and magnetic resonance imaging (MRI), but there remain the selected indications below for these procedures, when MR imaging cannot be performed, or in addition to MRI. ODG Criteria for Myelography and CT Myelography: 1. Demonstration of the site of a cerebrospinal fluid leak (postlumbar puncture headache, postspinal surgery headache, rhinorrhea, or otorrhea). 2. Surgical planning, especially in regard to the nerve roots; a myelogram can show whether surgical treatment is promising in a given case and, if it is, can help in planning surgery. 3. Radiation therapy planning, for tumors involving the bony spine, meninges, nerve roots or spinal cord. 4. Diagnostic evaluation of spinal or basal cisternal disease, and infection involving the bony spine, intervertebral discs, meninges and surrounding soft tissues, or inflammation of the arachnoid membrane that covers the spinal cord. 5. Poor correlation of physical findings with MRI studies. 6. Use of MRI precluded because of: a. Claustrophobia b. Technical issues, e.g., patient size c. Safety reasons, e.g., pacemaker d. Surgical hardware. In this case, the injured worker had a previous CT scan of the lumbar spine with no significant interval changes to warrant a repeat. The request for lumbar spine computed tomography (CT Scan) #1 is determined to not be medically necessary.