

Case Number:	CM15-0221201		
Date Assigned:	11/16/2015	Date of Injury:	12/03/2009
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 46 year old male, who sustained an industrial injury on 12-3-2009. The injured worker is undergoing treatment for: lumbar neuritis, disc displacement and disc degeneration. On 2-16-14, he reported left buttock pain with pain in the thigh and calf and associated numbness. Examination revealed slow movement from sitting to standing, slow and guarded gait, restricted lumbar range of motion, full motor function of lower extremities and decreased light touch in left posterior and lateral thigh and calf. On 9-9-15, he reported low back pain with left lumbar radicular pain. Physical examination revealed tenderness in the lumbar, healed incision, decreased lumbar range of motion, and positive straight leg raise testing on the left. The lower extremities are noted to be pain free with range of motion. The treatment and diagnostic testing to date has included: lumbar epidural steroid injection (8-23-12, 10-4-12), urine toxicology (2-16-15), lumbar surgery (date unclear), and medications. Medications have included: Norco. The records indicate he has been utilizing Norco since at least February 2014, possibly longer. Current work status: unclear. The request for authorization is for: outpatient repeat MRI of the lumbar with contrast, outpatient neurodiagnostic studies electromyography and nerve conduction studies of the bilateral lower extremities, and Norco 5-325mg quantity 30. The UR dated 10-15-2015: modified certification of Norco 5-325mg quantity, and non- certification of outpatient repeat MRI of the lumbar with contrast, outpatient neurodiagnostic studies electromyography and nerve conduction studies of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI scan of the lumbar with contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine in the past. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the left leg. The documented examinations did not detail findings consistent with an issue involving a specific spinal nerve involving this area of the back. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a repeat MRI of the lumbar spine region with contrast is not medically necessary.

Outpatient neurodiagnostic studies electromyography and nerve conduction studies (EMG/NCS) of the bilateral lower extremities: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Forearm, Wrist, and Hand Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Job Analysis, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References, and Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

Decision rationale: The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. EMG of the arms or legs is supported to clarify nerve root

dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation reported the worker was experiencing lower back pain that went into the left leg. Recorded examinations described a loss of feeling in a pattern that did not follow spinal nerve paths. There was no discussion suggesting subtle neurologic findings or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for outpatient neurodiagnostic electromyography (EMG) and nerve conduction velocity (NCV) testing of the both legs is not medically necessary.

Norco 5/325mg #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 Guidelines, Section(s): Acetaminophen, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the left leg. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 30 tablets of Norco (hydrocodone with acetaminophen) 5/325mg is not medically necessary.