

Case Number:	CM15-0223042		
Date Assigned:	11/19/2015	Date of Injury:	06/01/2005
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/12/2015

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:

The 57 year old male injured worker suffered an industrial injury on 6-1-2005. The diagnoses included degeneration of lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome and chronic pain syndrome. On 9-11-2015 the provider reported chronic low back pain in the setting of lumbar degenerative disc disease and failed back surgery syndrome. The pain was rated without medication was 10 out of 10 and with medication it was rated 8 to 8.5 out of 10. The injured worker noted he had more pain since he had been more active that traveled down to the legs with numbness to bilateral legs and sole of the foot. The provider noted the traveling pain and numbness to the legs indicated the need for a CT of the lumbar spine. The injured worker reported the benefit of chronic pain medication maintenance regime continued to keep the pain within a manageable level to allow the injures worker complete necessary activities of daily living such as walking, shopping and light household chores. The medications in use were MS Contin, Norco, Motrin, Prilosec and Lyrica. On exam the lumbar spine had tenderness with spasms across the entire lumbar spine with restricted range of motion, there was dysesthesia down bilateral legs to the feet and hypoesthesia on the right foot. On 10-9-2015 the provider reported the pain was getting worse and having trouble sleeping, trouble exercising including the ability to even walk because of the pain. The Lyrica made the pain tolerable and without it he would cry in pain while bedbound. The pain level was 7.5 to 8 out of 10 with medication and 10 out of 10 without medication. On exam the lumbar spine was tender and moderate pain across the lumbosacral area. The range of motion was markedly restricted with mild positive bilateral straight leg rise. There was dysesthesia down the bilateral legs to the calves and the left was worse, which is new. The provider noted the request for the lumbar CT was indicated as there was new and progressive

pain and radiculopathy. The provider noted the last lumbar MRI was 2009 prior to the fusion. Diagnostics included lumbar MRI 9-13-2006 and 2009. The documentation provided did include evidence of a comprehensive pain evaluation with pain levels with and without medications, and some evidence of functional improvement with treatment, but no evidence of an aberrant risk assessment and evaluation. Request for Authorization date was 10-9-2015. Utilization Review on 10-15-2015 determined non-certification for MS (morphine sulfate) Contin. 30mg 3 times per day, #90 and Computed tomography (CT) scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS (morphine sulfate) Contin 30mg 3 times per day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, dosing, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter - Opioids for chronic pain; Opioids, criteria for use; Opioids, dosing.

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 it is noted that the injured worker's pain levels had increased despite the use of opioids and there is limited objective evidence of functional improvement. Additionally, this medication has been previously recommended for weaning on multiple occasions. 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 MS (morphine sulfate) Contin 30mg 3 times per day, #90 is determined to not be medically necessary.

Computed tomography (CT) scan of the lumbar spine: Upheld

Claims Administrator 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 - Lumbar & Thoracic (Acute & Chronic) Chapter - CT (computed tomography).

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/CT (computed tomography) Section.

Decision rationale: Per MTUS guidelines, unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the

neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Per the ODG, lumbar CT is indicated for: Lumbar spine trauma: seat belt (chance) fracture, Myelopathy (neurological deficit related to the spinal cord), traumatic, Myelopathy, infectious disease patient, to evaluate pars defect not identified on plain x-rays and to evaluate successful fusion if plain x-rays do not confirm fusion. In this case, the provider noted the traveling pain and numbness to the legs indicated the need for a CT of the lumbar spine. None of the above conditions that would warrant a CT are documented. CT is not warranted in this case. The request for computed tomography (CT) scan of the lumbar spine is determined to not be medically necessary.