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| Case Number: | CM15-0030396 | | |
| Date Assigned: | 02/24/2015 | Date of Injury: | 01/21/2012 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/04/2015 |
| Priority: | Standard | Application Received: | 02/18/2015 |

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 59 year old female who sustained an industrial related injury on 1/21/12. The injured worker had complaints of back pain and right leg weakness. X-rays obtained on 1/21/12 were noted to have revealed thoracolumbar scoliosis with at 22 degree curve and cervical spondylosis. Diagnoses included chronic thoracolumbar sprain and thoracolumbar scoliosis. Treatment included physical therapy and psychotherapy. Medications included Vicodin, Naprosyn, and Norco. The treating physician requested authorization for thoracolumbar scoliosis x-ray series and Vicodin 5/300mg #60. On 2/4/15 the requests were non-certified. Regarding the x-rays, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there is no documentation on how a scoliosis x-ray will change management of the injured worker with chronic pain. Regarding Vicodin, the UR physician cited the MTUS guidelines and noted the medication was being utilized for long-term treatment and the medical records do not identify acute pain or an acute exacerbation of chronic pain. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracolumbar scoliosis x-ray series: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309 (Table 12-8).

Decision rationale: The request is for a thoracolumbar scoliosis x-ray series. According to the ACOEM guidelines of the MTUS, radiographs are indicated when red flags for fracture, cancer, or infection are present. There is no documentation to suspect red flags within the available physician notes. The notes from the treating physician note the reason for the radiographs is to compare the degree of scoliosis to prior films. The physician notes also clearly states that the patient would not benefit from surgery. It is unclear how new radiographs would alter management. Without any clear red flags or other clear goal that would change management, this request is not supported by the MTUS guidelines and is therefore not medically necessary.

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 76-80; 81-82.

Decision rationale: The request is for Vicodin 5/300mg #60, which is likely a typographical error request for Vicodin 5/325mg, which is an oral formulation of hydrocodone and acetaminophen. This is an opioid. According to the MTUS guidelines, opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The physician notes continue to describe the injured worker with ongoing pain that is not relieved with the current medications, and clearly states that "I do not believe that any further medication or treatment is going to be of any benefit to her. Pain management would be only adding to or modifying her medications and are unlikely to provide any further significant improvement." Criteria for ongoing use of opioids for chronic pain require clear documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Criteria for discontinuing opioids include failure to affect an overall improvement in function. Prior to discontinuing, it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The patient should not be abandoned. The notes from the treating physician clearly state that the current medications have not led to a functional improvement. Continuing

the same medication does not appear to be supported by the MTUS guidelines, and therefore the request as written is not medically necessary.