

Case Number:	CM15-0032708		
Date Assigned:	02/26/2015	Date of Injury:	07/10/2008
Decision Date:	04/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/20/2015

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: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on July 10, 2008. The diagnoses have included degenerative joint disease of the lumbosacral spine, lumbar disc herniation, lumbago, chronic pain syndrome, radicular syndrome, and spinal stenosis of the lumbar region. Treatment to date has included medication, home exercise program, transforaminal epidural steroid injections (TFE), and diagnostic studies. Currently, the injured worker complains of low back pain and right lower extremity symptoms. He rates his low back pain a five on a ten-point scale and reports that he has right lower extremity numbness and tingling with pain to the right knee. This pain is constant and can be severe in intensity. He reports that standing and activity can aggravate the pain and that his home exercise program and medication can relieve the pain. The evaluating physician notes that the injured worker is not motivated for surgical intervention at this time and reports 60-70% improvement following a series of bilateral L4-L5 TFE. On February 9, 2015 Utilization Review modified/ non-certified a request for Norco 10/325 mg #90 and MRI of the lumbar spine without contrast respectively, noting that there is no clear plan of treatment/surgery to substantiate an updated MRI and noting that Norco is appropriate for weaning. The California Medical Treatment Utilization Schedule and the ACOEM were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Norco 10/325 mg #90 and MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without contrast: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: The patient was injured on 07/10/2008 and presents with low back pain and right lower extremity symptoms. The request is for an MRI OF THE LUMBAR SPINE WITHOUT CONTRAST. The utilization review determination rationale is that it does not appear that an updated MRI is necessary at this time. While the provider has expressed concern over the progressive weakness of the right tibialis anterior, the patient is neither motivated to have surgery nor was there any mention of a repeat epidural steroid injection. Therefore, without a clear plan, the current treatment guidelines do not recommend imaging. There is no RFA provided, and the patient's work status is not known. Review of the reports provided does not indicate the patient has had a prior MRI of the lumbar spine. The patient is diagnosed with degenerative joint disease of the lumbosacral spine, lumbar disk herniation, lumbago, chronic pain syndrome, radicular syndrome, and spinal stenosis of the lumbar region. Treatment to date has included medication, home exercise program, transforaminal epidural steroid injection, and diagnostic studies. For special diagnostics, ACOEM Guidelines page 303 states, Unequivocal and equivocal objective findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who do not respond well to treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG Guidelines on low back chapter MRI topic states that MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology such as a tumor, infection, fracture, nerve compromise, and recurrent disk herniation. Exam findings indicated the patient has tenderness to palpation over the lumbar-sacral spine, pain with extension past neutral, and a positive straight leg raise on the right. The patient has a decreased sensation over the right L4, L5 dermatome to light touch and is diagnosed with degenerative joint disease in his lumbosacral spine, lumbar disk herniation, lumbago, chronic pain syndrome, radicular syndrome, and spinal stenosis of the lumbar region. Given that the patient has not previously had an MRI of the lumbar spine and continues to have chronic low back pain, the requested MRI of the lumbar spine IS medically necessary.

One prescription of Norco 10/325 mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Ongoing Management, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 07/10/2008 and presents with low back pain and right lower extremity symptoms. The request is for Norco 10/325 mg #90. There is no RFA provided, and the patient's work status is not known. The patient is diagnosed with degenerative joint disease of the lumbosacral spine, lumbar disk herniation, lumbago, chronic pain syndrome, radicular syndrome, and spinal stenosis of the lumbar region. Treatment to date has included medication, home exercise program, transforaminal epidural steroid injection, and diagnostic studies. The patient has been taking Norco as early as 09/02/2014. MTUS Guidelines pages 88 and 89 states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 98 also continues to state that the maximum dose for hydrocodone is 60 mg per day. The 09/02/2014 report states that the patient is taking Norco on average 4 tablets per day for pain. He states that medications help decrease pain and denies side effects. He notes the medications help improve his function. The 10/02/2014 report states that the patient rates his low back pain as a 4/10. He notes a reduction of 50% in pain with the medications. He is able to perform his daily activities with less pain. On 10/30/2014, the patient rates his pain as a 4/10 and states that medications help decrease pain, denies side effects. He notes the medications help improve his function. He is able to perform his daily activities with less pain. In this case, although the treating physician discusses side effects/aberrant behavior and indicates that the patient's pain decreases by 50% with medications, not all 4A's are addressed as required by MTUS Guidelines. There are no specific examples of ADLs which show that the medications are helping the patient's pain and function. There is no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient did have a urine drug screen on 11/04/2014, which showed that he was consistent with his medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.