

Case Number:	CM15-0044808		
Date Assigned:	03/16/2015	Date of Injury:	07/07/2004
Decision Date:	05/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 61-year-old male, who sustained an industrial injury on July 7, 2004. The injured worker was diagnosed as having cervical intervertebral disc disorder with myelopathy, thoracic intervertebral disc disorder without myelopathy, lumbar intervertebral disc displacement and backache. A progress note dated February 2, 2015 the injured worker complains of neck and back pain with stiffness and leg and arm pain with numbness. Physical exam notes the injured worker is in obvious pain and paracervical myospasm. The plan includes for magnetic resonance imaging (MRI) of cervical and thoracic spine, injection, and oral medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen -Opioids Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG and MTUS, Norco is a short-acting opioid analgesic. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In addition, the patient was already approved to continue opiate therapy with Percocet. There is no indication for treatment with 2 short-acting opioid analgesics (Percocet and Norco). Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

One MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines , Low Back- Lumbar and Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the thoracic spine.

Decision rationale: According to CA MTUS/ACOEM guidelines, an MRI of the thoracic spine is indicated for uncomplicated back pain with suspicion of cancer, infection, or other red flag, radiculopathy after at least 1 month of conservative therapy or sooner if progressive neurologic deficit, prior to lumbar surgery, or to evaluate for cauda equina syndrome. A thoracic MRI is not indicated unless a neurologic deficit is documented on physical exam, failure to progress in a strengthening program, or for clarification of the anatomy prior to an invasive procedure. There is no documentation of any neurological deficit(s) related to the thoracic spine to necessitate an MRI of the thoracic spine. Medical necessity for the requested MRI study has not been established. The requested study is not medically necessary.

One MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the cervical spine.

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. A repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there are no neurologic findings on physical exam to warrant an MRI study. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

One Toradol IM injection 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-selective NSAIDs Ketorolac (Toradol).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ketorolac (Toradol).

Decision rationale: According to ODG, Ketorolac (Toradol) in the oral formulation should not be given as an initial dose, but only as continuation following intravenous (IV) or intramuscular (IM) dosing. Toradol, when administered intramuscularly, may be used as an alternative to opioid therapy. There was no documentation that all other oral medications were insufficient to alleviate the symptoms. There is no clear indication as to why the patient requires an IM dose of this medication. Guidelines do not support the use of Toradol for chronic painful conditions. Medical necessity for the requested medication is not established. The requested medication is not medically necessary.