MAXIMUS Federal Services

Case Number:	CM15-0052780		
Date Assigned:	03/26/2015	Date of Injury:	01/08/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/20/2015

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: Connecticut, California, Virginia
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 injured worker is a 67-year-old male, who sustained an industrial injury on 1/8/13. He reported back pain. The injured worker was diagnosed as having lumbar discogenic syndrome and radicular symptoms. Treatment to date has included medication. The treating physician's report dated 11/17/14 noted 2 MRIs dated 10/9/12 and 6/4/13 were abnormal. There was no further elaboration on the MRIs or results. Decreased ranges of motion and muscle spasms were noted. Currently, the injured worker complains of back pain. The treatment plan included obtaining a MRI and possible surgery. The treating physician requested authorization for Norco 5/325mg #60 and a MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. More detailed expectations should be outlined with the patient regarding the treatment plan and follow up aimed at working to decrease opioid dependency. Consideration of other pain treatment modalities and adjuvants is also recommended. If there is objective evidence of functional improvement, it should be documented clearly in order to consider continuation of opioid treatment. Given the paucity of data provided to support the request, consideration of opioid therapy in this case is not medically necessary.

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - MRI.

Decision rationale: The MTUS discusses recommendations for MRI in unequivocal findings of specific nerve compromise on physical exam, in patients who do not respond to treatment, and who would consider surgery an option. In this case, there is essentially no objective exam information provided in the supplied documents. Absent red flags or clear indications for surgery, a clear indication for MRI is not supported by the provided documents. The ODG states that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). Previous MRIs have provided insight into her current anatomy (although details of these studies are not provided) and repeat imaging at this time is unlikely to reveal clinically significant changes. Without further indication for imaging, the request for MRI is not medically necessary.