

Case Number:	CM15-0052902		
Date Assigned:	04/22/2015	Date of Injury:	06/14/2013
Decision Date:	07/07/2015	UR Denial Date:	02/27/2015
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: New Jersey
 Certification(s)/Specialty: Family Practice

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 was a 51-year-old male, who sustained an industrial injury, June 14, 2013. The injured worker previously received the following treatments Norco, random toxicology laboratory studies and Motrin. The injured worker was diagnosed with thoracic musculoligamentous strain, lumbar disc disease, lumbar facet syndrome and obesity. According to progress note of February 6, 2015, the injured workers chief complaint was thoracic spine and lumbar spine pain. The injured worker rated the 6 out of 10 of the thoracic spine pain and 7 out of 10 in the lumbar spine pain; 0 being no pain and 10 being the worse pain. The injured worker had been taking pain medication to alleviate the pain regularly. The injured worker stated the pain medication was helping and tolerating them. The physical exam noted moderate left-sided mid-thoracic paraspinous muscle tenderness with trigger points times three. There was moderate tenderness with palpation over the lumbar paraspinous muscles. There were spasms and guarding noted. There was moderate facet tenderness at L3 through S1. The straight leg raise test produced low back pain. The treatment plan included lumbar spine CT scan, a prescription for Norco and Motrin and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) CT scan of the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for any special imaging study to be warranted there needs to be unequivocal objective clinical findings that suggest red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.), and only in those patients who would consider surgery as an option to correct it. In non-emergent situations, a failure of conservative treatments for at least 4-6 weeks is required before considering any imaging. In some situations where the patient has had prior surgery on the back where the physician is looking for stability of a fusion surgery, for example, or there is a suspected bony abnormality such as fracture, CT scan may be considered. In the case of this worker, there were previous requests for a CT scan of the lower spine for evaluation of facet joint disease. However, the symptoms and physical examination findings provided in the notes should be sufficient to diagnose facet joint disease and confirmation with any imaging is not typically recommended or necessary. There were no extraordinary factors evident in the documentation to suggest otherwise. There also were no other indications to warrant imaging of this kind in this case. Therefore, the request for CT scan of the lumbar spine will be not medically necessary at this time.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of chronic use of Norco to help treat his chronic pain related to his injury. However, there was no documentation with showed clear and measurable evidence of functional gain and/or pain level reduction directly due to the regular use of the Norco to help justify its continuation. There was no record of having had the full review above regarding side effects, proper use, and finding the lowest effective dose. Therefore, the Norco will be not medically necessary at this time.

Motrin 800mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of having taken Motrin chronically leading up to this request. However, there was insufficient documentation to show clear and measurable functional gain from prior use. Regardless, the worker has a history of hypertension and diabetes, which increases the already elevated risk profile of the use of any NSAID such as Motrin and would be relatively contraindicated for this worker to continue any NSAID chronically as is requested. Therefore, the request for ongoing Motrin at high doses is not medically necessary or appropriate, in the opinion of this reviewer.

One (1) urine toxicology screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing p 43, Opioids pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards yearly or more frequently in settings of increased risk of abuse, in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence found in the documentation provided which suggested inappropriate behavior and use of Norco or any other prescribed medication to warrant periodic screening as is

requested. Regardless, however, due to this reviewer not approving the Norco due to lack of supportive evidence of effectiveness, there should be even less need for this drug screening. Therefore, the urine toxicology screening will not be medically necessary at this time.

One (1) follow-up in 4-8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chronic - Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, and Low back, Office visits.

Decision rationale: The MTUS Guidelines are silent on office visits with a physician. The ODG, however, states that they are recommended as determined to be medically necessary, and clearly should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs, and symptoms, clinical stability, and reasonable physician judgment. A set number of visits cannot be reasonable established, however, the clinician should be mindful of the fact that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In the case of this worker, based on the medical regimen and significant medical problem list and persistent pain complaints, there is medical necessity to have periodic office visits. Therefore, this request for a follow-up visit in 4-8 weeks is medically necessary and appropriate.