

<b>Case Number:</b>	CM15-0056748		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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 29-year-old male patient who sustained an industrial injury on 10/28/2013. The most recent medical record provided was dated 02/23/2015, and reported subjective complaint of increasing pain about his low back and leg. Physical examination found a positive straight leg raise test. He is diagnosed with clinical and diagnostic magnetic resonance imaging with evidence of disc herniation of the lumbar spine at L5-S1. The plan of care involved obtaining an updated magnetic resonance imaging of lumbar spine and spine consultation, evaluation. In addition, urine toxicology screening, prescribed Norco. He is to remain temporarily partially disabled, with restrictions. On 02/04/2015, the patient underwent an orthopedic evaluation, which showed present complaint of back pain, localized primarily to the lumbar spine. There is distal radiation into the left lower extremity. The pain is increased with Valsalva maneuver. He is diagnosed with lumbar disc protrusion at L4-5, L5-S1, lumbar spondylosis at L4-5, L5-S1. The plan of care involved: recommending a current magnetic resonance imaging of lumbar spine. Prior treatment to include: physical therapy, chiropractic treatment, and injections. On 05/13/2014, the patient is noted undergoing fluroscopic guided epidurogram, myelogram and lumbar epidural injection. The oldest record provided was dated 01/09/2014, and it reported subjective complaint of back pain that radiates down the left leg. He is currently working modified duty. Current medications include Anaprox DS, Flexiril, Polar Frost, and Ultracet. The following diagnoses are applied: lumbar strain/sprain, muscle spasm, and back pain. The plan of care involved prescribing Naproxen, Flexiril and Polar Frost. His

expected maximum medical improvement dated is 01/31/2014. A magnetic resonance imaging is pending and he is to continue with physical therapy treatment.

### **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 dye: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, MRI Low Back Chapter.

**MAXIMUS 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 chapter, MRIs (magnetic resonance imaging).

**Decision rationale:** Based on the 2/20/15 progress report provided by the treating physician, this patient presents with increasing pain about his low back and leg. The treater has asked for MRI OF THE LUMBAR SPINE WITHOUT DYE on 2/20/15. The requesting 2/23/15 report requests an updated L-spine MRI as per orthopedic consultation. The patient's diagnosis per request for authorization form dated 3/3/15 is L/S disc protrusion. The patient is s/p MRI of the L-spine from 2/1/14 showing "at L4-5: there is disc desiccation mild disc height loss with posterior central disc extrusion which extends just below level of the disc measuring 4mm AP by 9mm caniocaudal". At L5-S1: disc desiccation mild disc height loss with posterior central disc protrusion measuring 4mm AP. A right paracentral annular fissure noted. Mild narrowing of the central canal with narrowing of lateral recesses. The protrusion may contact the traversing right S1 nerve root "At T12-L4, normal height and signal intensity." A lumbar epidural steroid injection on 5/13/14 only provided temporarily relief for a week per 2/4/15 report. The orthopedic consultation dated 2/4/15 recommends an updated lumbar MRI "to determine if the disc protrusion has increased causing worsening of the lumbar spinal canal stenosis." The patient's work status is "temporarily partial disabled with restrictions" per 2/23/15 report. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "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)". ACOEM Guidelines, chapter 8, page 177 and 178, state, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. In this case, the patient has a positive straight leg raise and chronic low back pain with radiating symptoms in the lower extremities. However, there are also no objective neurological findings. In the absence of any red flags, neurologic findings, or radicular symptoms to raise a concern for radiculopathy, an MRI is not recommended per ODG and ACOEM. Repeat MRI's are indicated for progression of neurologic deficit, post-operative situation, or significant change in clinical presentation. Review of the

records does not show documentations of significant change in symptoms and/or findings suggestive of significant pathology. The requested updated MRI of the L-spine IS NOT medically necessary.

**Norco 10/325mg, QTY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89 76-78.

**Decision rationale:** This patient presents with complaints of increasing pain about his lower back and leg. The current request is for NORCO 10/325MG QTY 60. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. Physical examination revealed positive straight leg raise test. X-ray of the lumbar spine showed loss of lumbar lordosis. Recommendation was for medications including Norco and physical therapy. Norco has been prescribed since at least 12/11/14. Report 12/11/14 made a request for a urine drug screen to monitor for compliance. Report 01/22/15 states that Norco is prescribed to alleviate pain and discomfort. The patient report current pain as 6/10 on a pain scale. On 02/23/15, the patient was given a refill prescription for Norco and a UDS was administered. The patient was reported to be temporarily partially disabled with restrictions. In this case, recommendation for further use cannot be supported as the treating physician has not provided any discussion regarding analgesia and there are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. There were two requests for UDS, but the outcomes of these testing were not addressed. There are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This requested Norco IS NOT medically necessary and recommendation is for slow weaning per MTUS.