MAXIMUS Federal Services

| Case Number: | CM15-0058478 | | |
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| Date Assigned: | 04/03/2015 | Date of Injury: | 07/30/2012 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

## 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 is a 42-year-old male, who sustained an industrial injury on 7/20/12. The injured worker has complaints of left hip pain with radiation to the right foot. The diagnoses have included lumbar disc displacement without myelopathy and lumbosacral radiculopathy. Treatment to date has included injections; computed tomography scan of the lumbar spine; magnetic resonance imaging; lumbar fusion; X-rays of the lumbar spine and pain management with Norco. The request was for norco, nerve conduction studies bilateral lower extremities and magnetic resonance imaging (MRI) of the right hip.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** 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 insufficient documentation to show this full review was completed regarding opioids used by this worker. There was insufficient documentation of clear and specific functional gains as well as measurable and comparative pain level reduction directly related to the ongoing Norco use, which would be required before considering continuation. Therefore, the Norco will be considered not medically necessary until this clear evidence of benefit is provided for review.

**NCS bilateral lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Nerve Conduction Studies.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there was clear lumbar radiculopathy which was persistent and found on physical examination. The request for any nerve testing, including NCV or EMG or both would seem medically unnecessary, as they would not likely provide any information that was not already known about the source of pain. Therefore, the NCS testing of the lower extremities is not medically necessary based on already clear and consistent physical findings suggestive of lumbar radiculopathy.

**MRI right hip:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis, MRI.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Hip and Pelvis, MRI.

**Decision rationale:** The MTUS Guidelines do not clearly address MRI for the hip joint. The ODG, however, states that hip MRI is the most accepted form of imaging for finding avascular necrosis and osteonecrosis as well as for the next step after x-ray for the evaluation of occult hip

fracture. Hip MRI may also be considered in settings of suspected tumors, acute and chronic soft-tissue injuries, or osseous, articular or soft-tissue abnormalities. Osteoid osteomas are best seen with CT, not MRI, and labral tears are best seen with MR arthrography unless optimized hip protocol and MRI with 3.0-T magnets. In the case of this worker, injection relieved the worker's buttock/hip pain. Also, no documentation of physical findings showed any abnormality of the right hip to lead the provider to request an MRI of the right hip joint. Without physical findings suggestive of hip joint abnormality, imaging is not medically necessary.