

Case Number:	CM15-0059708		
Date Assigned:	04/06/2015	Date of Injury:	04/24/2000
Decision Date:	05/05/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 70 year old male who sustained an industrial injury on 04/24/2000. The initial diagnoses or complaints at time of injury were not clearly noted. On provider visit dated 02/04/2015, the injured worker has reported ongoing right shoulder pain, right hip and back pain that radiates down right leg and he also reports phantom pain in left knee. He was noted to ambulate on Canadian crutches or a wheel chair. Examination of the back revealed sensory loss to light touch and pinprick at the right lateral calf and bottom of his foot. Right hip exam reveals tenderness over the greater trochanter and passive range is painful, right reveals decreased range of motion with positive impingement sign and crepitus. The diagnoses have included foraminotomy L4-L5 severe neuropathic pain and phantom pain left lower extremity, right shoulder girdle tendinopathy with frozen shoulder, right hip pain. Treatment to date has included MRI's, epidural injections, laboratory studies and medication. The provider requested refill of pain medication MS Contin 30mg #90 and 1 Updated MRI of the lumbar spine due to increased back and leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, MS Contin 3 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are history of foraminotomy L4-L5; history of severe neuropathic pain and phantom pain left lower extremity related to a separate claim; history of right shoulder girdle tendinopathy with frozen shoulder; history of carpal tunnel release surgeries bilaterally with ongoing symptoms; history of right hip pain; history of right hip replacement; constipation secondary to narcotic use and Adderall use. The documentation shows the injured worker, pursuant to a progress note dated October 20, 2011, was taking methadone 10 mg QID, Norco 10/325 mg QID and Amrix (a muscle relaxant). In October 2014 and January 2015, the injured worker had ongoing pain scales of 9/10. In a February 4, 2015 progress note MS Contin 30mg TID was refilled. There is no apparent start date for MS Contin documented in the medical record. There were no risk assessments in the medical record. There were no detail pain assessments in the medical record. There is no documentation of objective functional improvement with ongoing MS Contin. The VAS pain scale was 8/10 while on MS Contin. The injured worker was on methadone (prior to starting MS Contin), but there was no clinical rationale for its discontinuation. Consequently, absent compelling clinical documentation with evidence of objective functional improvement and VAS pain scales persistently elevated (8/10) with risk and pain assessments, MS Contin 30 mg #90 is not medically necessary.

1 Updated MRI of the lumbar spine: Upheld

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, updated MRI of the lumbar spine is not medically necessary. MRIs are the test of choice in patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, it is not recommended until after at

least one month conservative therapy or sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not responding to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are history of foraminotomy L4-L5; history severe neuropathic pain and phantom pain left lower extremity related to a separate claim; history right shoulder girdle tendinopathy with frozen shoulder; history carpal tunnel release surgeries bilaterally with ongoing symptoms; history right hip pain; history right hip replacement; constipation secondary to narcotic use and Adderall use. The injured worker had an MRI lumbar spine April 19, 2010. The injured worker underwent an MRI of the lumbar spine February 15, 2014. Subsequent documentation indicates the injured worker sustained a flare-up of low back pain and presented to the emergency department. At the emergency department the worker had x-rays of the lumbar spine and a CAT scan of the lumbar spine. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. The treating provider's clinical rationale for requesting a third lumbar spine MRI was worsening back and radicular symptoms. There were no significant new objective findings documented in the medical record. A progress note dated March 12, 2015 states the patient was seen in the local emergency room at [REDACTED] approximately 3 months prior where he had an updated MRI of the lumbar spine. This is not documented in the February 2015 progress note. The results were not available in the medical record. Consequently, absent compelling clinical documentation with a significant change in symptoms and/or objective clinical findings suggestive of significant pathology, and updated (third vs. fourth) MRI of the lumbar spine is not medically necessary.