

<b>Case Number:</b>	CM15-0080124		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/16/1998
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 48 year old male, who sustained an industrial injury on 10/15/1998. The mechanism of injury is unknown. The injured worker was diagnosed as having scapulo-thoracic strain, lumbosacral strain and lumbar disc herniation. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 4/3/2015, the injured worker complains of increased mid back pain-left greater than right, low back pain and left arm pain and numbness. The treating physician is requesting Norco, 6 month gym membership and thoracic spine magnetic resonance imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg (1 tab 4 times a day) Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, page 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the legs and mid-back pain that went into the left arm with numbness in fingers 1 and 2. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 90 tablets of Norco (hydrocodone with acetaminophen) 10/325mg taken as one tablet four times daily is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

**Gym membership, 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation TriCare Guidelines Policy Manual 6010.54.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS Guidelines support the use of a home exercise program as a part of the treatment to improve and maintain function and manage pain. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs and mid-back pain that went into the left arm with numbness in fingers 1 and 2. While the Guidelines support the use of a continued home exercise program to maintain these improvements, there was no discussion suggesting the reason a gym membership was needed in order to continue this program. In the absence of such evidence, the current request for membership at a gym for six months is not medically necessary.

**MRI (magnetic resonance imaging) Thoracic Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 10th edition, Chapter 39 - Lower Back Pain and Disorders of Intervertebral Discs.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints Page(s): 287-326, page(s) 165-188.

**Decision rationale:** The MTUS Guidelines do not directly address the use of this type of advanced imaging of the thoracic region. The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI of the upper back is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The ACOEM Guidelines also recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs and mid-back pain that went into the left arm with numbness in fingers 1 and 2. While the mid-back pain was mentioned in these records, the assessment of this issue was minimal. There were no documented examination findings suspicious for a specific nerve problem involving the mid-back or "red flag" issues. There also was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the thoracic spine region is not medically necessary.