

<b>Case Number:</b>	CM15-0080897		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	06/20/2010
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/22/2015
<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: California  
 Certification(s)/Specialty: Emergency 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 54 year old male who sustained an industrial injury on 06/20/2010. Current diagnoses include opioid dependence, chronic low back pain, and pain in limb. Previous treatments included medication management, physical therapy, and exercises. Previous diagnostic studies include MRI's of the lumbar spine and lower extremity. Report dated 04/14/2015 noted that the injured worker presented with complaints that included right sided low back pain with radiation to the right lower extremity with associated tingling. Pain level was 4 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included discussion of medication, refilled Endocet, discussion of QME report, request for MRI of the lumbar spine and right thigh, discussion of exercises, discussion of work, and return in one month. Disputed treatments include Endocet tablets, MRI of the lumbar spine, and MRI of the thigh.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Endocet 10/325mg #210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet), Opioids, Weaning of Medications Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Endocet 10/325mg #210, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has right sided low back pain with radiation to the right lower extremity with associated tingling. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Endocet 10/325mg #210 is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

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

**Decision rationale:** The requested MRI of the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the lumbar spine with "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." The injured worker has right sided low back pain with radiation to the right lower extremity with associated tingling. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, MRI of the lumbar spine is not medically necessary.

**MRI of the right thigh:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging).

**Decision rationale:** The requested MRI of the right thigh is not medically necessary. CA MTUS is silent on this issue. Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), MRI (magnetic resonance imaging) recommend this imaging study for Osseous, articular or

soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft, tissue injuries, Tumors. The injured worker has right sided low back pain with radiation to the right lower extremity with associated tingling. The treating physician has not documented the presence of symptoms or exam findings indicative of avascular necrosis or any other conditions noted above. The criteria noted above not having been met, MRI of the right thigh is not medically necessary.