

Case Number:	CM15-0233137		
Date Assigned:	12/08/2015	Date of Injury:	07/30/2004
Decision Date:	01/20/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	11/30/2015

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: New Jersey, New York

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 46-year-old male, with a reported date of injury of 07-30-2004. The diagnoses include lumbar post-laminectomy syndrome and lumbosacral radiculitis. The progress report dated 11-11-2015 indicates that the injured worker had right lower extremity pain. It was noted that on 11-10-2015, the injured worker "stubbed" his foot on an uneven sidewalk, but did not fall. This caused an immediate shooting pain in the right lower extremity to the ankle in the posterior aspect of the leg. The injured worker stated that he had been "limping" since that time, and the right calf was "extremely sore". The injured worker has a history of lumbar spine injury. The physical examination showed mild distress; tenderness to palpation of the right sciatic notch; flexion of the lumbar spine to the knees; decreased lumbar spine range of motion with pain; decreased right ankle reflex; decreased sensation in the L5 distribution in the right leg; positive dural tension sign in the seated position, to the right buttock; and right leg extended and elevated to 30 degrees above horizontal. The treating physician indicates that the injured worker had sensory deficit in the right L5 distribution in the lateral calf; and that he was very sore in the right calf, which implicated an L4 nerve root. The treating physician also indicates that the injured worker had either an L4 or L5 nerve root that was "tremendously irritated" from the event the day prior and that an MRI was necessary, given the neurological findings, to describe the construct of the lumbosacral spine. The injured worker's disability status was noted as permanent and stationary. It was noted that the injured worker had an agreement regarding opioid therapy. The progress report dated 10-29-2015 indicates that the injured worker presented for pharmacological re-evaluation, pump analysis, pump refill, and pump reprogramming. It was

noted that he had an awkward feeling of excessive drowsiness after the last pump fill and he wished a pump decrease to see if it was related. The injured worker had low back pain, which was described as aching, burning, pins and needles, throbbing, dull, deep, knifelike, sharp, numb, stabbing, shooting, tingling, and radiating. The physical examination showed no acute distress; lumbar flexion at 20 degrees; and decreased lumbar range of motion with pain. The injured worker's disability status was noted as permanent and stationary. The diagnostic studies to date have included a urine drug screen on 04-29-2014 with inconsistent findings for Fentanyl. Treatments and evaluation to date have included lumbar spine fusion on 05-05-2008, several lumbar spine operations, intrathecal pump, spinal cord stimulation trial (failed), Hydrocodone-Acetaminophen (since at least 07-2015), and Prilosec. The treating physician requested Hydrocodone-Acetaminophen 10-325mg #180 "on an industrial basis as clinically required, and wean to tolerance" and an MRI of the lumbar spine with contrast. On 11-25-2015, Utilization Review (UR) non-certified the request for Hydrocodone-Acetaminophen 10-325mg #180 and an MRI of the lumbar spine with contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for an extended amount of time without objective documentation of improvement in pain. There is no documentation of what his pain was like previously and how much hydrocodone-acetaminophen decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. The patient had a UDS with inconsistent results in 2014. There are no clear plans for future weaning, or goal of care. The patient had begun weaning in 2014. Because of these reasons, the request for hydrocodone-acetaminophen is not medically necessary.

MRI of the lumbar spine with contrast: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI/ Low back.

Decision rationale: The request for lumbar MRI is medically necessary. An MRI of the lumbar spine is useful to identify specific nerve compromise found on physical exam. This patient had a

recent injury with resultant decreased sensation along L5. Indiscriminant imaging can result in false positive findings, such as disc bulges, that may not be the source of the pain or warrant surgery. According to ODG guidelines, repeat MRIs are not recommended unless there is significant change in symptoms and findings suggestive of significant pathology like tumors, infections, fractures, neurocompression, and recurrent disc herniation. It is reasonable to have an MRI to evaluate the neurological findings given his extensive history with laminectomy and chronic lower back pain. Because of these reasons, the request for lumbar MRI is medically necessary.