

Case Number:	CM14-0121610		
Date Assigned:	08/06/2014	Date of Injury:	10/08/2004
Decision Date:	10/08/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 38-year-old male who reported an injury on 10/08/2004 due to an unknown mechanism. Diagnoses were cervical disc degenerative, lumbar degeneration disc, other chronic pain. Past treatments were not reported. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 07/07/2014, there were no subjective complaints reported. Examination of the cervical spine revealed range of motion was okay, arm strength equal bilaterally, light touch diminished over right palmar thumb. Lumbar spine range of motion was good, mild tenderness to palpation of the mid line lower lumbar segment, and reduced sensation to light touch over the lateral distal thigh, lateral calf, and ankle. Medications were Butrans patch 15 mg and Norco 10/325 mg. The treatment plan was to continue medications as directed and to follow an exercise program at home. Pain level with medication was reported as 6/10 to 7/10, pain without medication was an 8/10 to 9/10. The rationale was not submitted. The request for authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCV (nerve conduction velocity) of the right leg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low back

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

Decision rationale: The decision for NCV (nerve conduction velocity) of the right leg is not medically necessary. The CA MTUS/ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. However, when the neurologic examination is less clear, however further physiologic evidence of nerve dysfunction should be obtained before ordering and imaging study. Indiscriminate imaging will result in false positive findings, such as disc bulges, that are not the source of painful symptoms and do not warrant surgery. EMGs are not necessary if radiculopathy is present upon examination. Physical examination on 07/07/2014 reported that the injured worker experienced numbness constantly, right leg numbness for 3 to 4 months which worsened and radiated down the lateral thigh to the ankle. The injured worker had reduced sensation to light touch over lateral distal thigh, and lateral calf and ankle. Straight leg raise was unremarkable. There were obvious signs of radiculopathy. Therefore, this request is not medically necessary.

Pain specialist referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder medical treatment guidelines, State of Colorado Department of Labor and Employment, page 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, page 163

Decision rationale: The decision for pain specialist referral is not medically necessary. The American College of Occupational and Environmental Medicine Guidelines state that a consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The rationale for the consult of a pain specialist was not submitted. It was not reported that the injured worker was fit to return to work or a determination of medical stability. Therefore, the request is not medically necessary.

Butrans patch 15 mg #4 with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Butrenorphine for chronic pain. Decision based on Non-MTUS Citation ODG, Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for Butrans patch, 15 mg quantity 4, with 3 refills, is not medically necessary. The California Medical Treatment Utilization Guidelines recommend

opioids for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The efficacy for this medication was not reported. The 4 A's were not documented. Therefore, the request is not medically necessary.

Norco 10/325 mg #120 with three (3) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

Decision rationale: The decision for Norco 10/325 mg, quantity of 120 with 3 refills, is not medically necessary. The California Medical Treatment Utilization Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The 4 A's were not documented. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.