

<b>Case Number:</b>	CM14-0124135		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & 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 57 year old male injured worker had a date of injury of 4/19/10 with related low back pain. Per progress report dated 7/28/14, the injured worker rated his pain 8/10. He noted that the pain medication helped him at least functionally perform his activities of daily living with less severe pain but it does not eliminate the pain. He reported ongoing pain traveling down the right leg since his functional discogram. Per physical exam, tenderness was noted around bilateral L3-S1 paraspinals. A magnetic resonance imaging (MRI) of the lumbar spine dated 11/15/10 revealed L4-L5 bony degenerative changes with slight disc space narrowing and moderate foraminal narrowing. Changes at other levels noted with mild L3-L4 foraminal narrowing. Electromyography (EMG)/nerve conduction study (NCS) performed 9/20/14 revealed evidence of right L5 on SI radiculopathy. Treatment to date has included injections, physical therapy, and medical management. The date of UR decision was 8/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg QTY: 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review, it was noted that pain medication allows the injured worker to perform his activities of daily living with less severe pain. It was noted that he has a pain contract on file and his previous urine opiates screens have been within expected range. The request is medically necessary.

**Percocet 10/325mg QTY: 140:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the documentation submitted for review, it was noted that pain medication allows the injured worker to perform his activities of daily living with less severe pain. It was noted that he has a pain contract on file and his previous urine opiates screens have been within expected range. The request is medically necessary.

**MRI lumbar spine QTY: 1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** The ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal

findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Lumbar diskogram dated 4/2014 was normal, but the primary treating physician recommended MRI. New onset of radicular pain after this procedure is sufficient reason for a new MRI. The request is medically necessary.