

Case Number:	CM14-0142016		
Date Assigned:	09/10/2014	Date of Injury:	07/06/2010
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal 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 59 year old female with reported date of industrial injury of 7/6/2010. She had back pain with radiation into both lower extremities. She had lumbar spine surgery with interbody fusion and has a chronic radiculopathy of the right L5 root without active ongoing denervation. MRI imaging from 5/16/2014 documents good progression of healing and fusion of the procedure done previously, along with no active nerve root compression or pseudoarthrosis. The patient has complained of urinary incontinence. No further information is provided about this incontinence. A urology consultation has been authorized as of February 2014 reportedly but no urology reports are available and the patient continues to have incontinence as of 7/2014. In addition, Percocet was discontinued in October 2013 and subsequently the patient has been on Norco 10/325 mg 120 tablets at a time. As of 7/24/2014, the patient complained of lower back pain with leg pain. She also had SI joint pain documented. On examination, bilateral Faber's tests were positive, range of motion was diminished of the lumbar spine, particularly in flexion, and normal strength / sensation of bilateral lower extremities was noted. In addition, SLR tests were negative bilaterally. On review of MRI dated 5/2014, no pseudoarthrosis was noted, no nerve root compression was evident and the implants were in excellent position with good healing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urology Consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92; 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mixed incontinence, Office Visit

Decision rationale: The patient is an older woman with incontinence that has responded to Ditropan. This suggests a component of urge incontinence although at her age and with her gender in consideration, stress incontinence would be a reasonable consideration, possibly a mixed incontinence. Since she has been unable to see a urologist despite report of a urology consultation being authorized previously, at least one consultation with a urologist is considered entirely reasonable. The primary treating provider is a spine surgeon and the disorder of incontinence would fall outside his scope of expertise. Therefore, the request for urology consultation is recommended. This request is in accordance with prudent and usual / customary medical practice. Therefore, Urology Consult is medically necessary.

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids under Interventions Page(s): 76-88.

Decision rationale: Use of opiates for chronic back pain is recommended when other medications and measures have failed to produce adequate relief. These measures include NSAID, surgery, physical therapy, heat/ice, chiropractic treatment, biofeedback, acupuncture etc. Additionally, if psychological issues are present, as in this case, appropriate and adequate treatment of depression / anxiety is important. Resolution of sleep disturbance and management of function are important. The focus should not be on pain alone. There is insufficient evidence in the clinical record that other non-opiate therapies have been adequately and sufficiently tried and have failed in managing this patient's pain. Second, ongoing opiate therapy requires an ongoing assessment for aberrancy, adverse effects, effect on activities of daily living, and analgesia. The provider has assessed for analgesia but not for aberrancy and no urine drug screens were done to ensure that the medications that are prescribed are being used appropriately. Further, it should be considered that since the patient has been on chronic opioids and has lack of resolution of pain adequately without them, that other factors such as chronic pain syndromes be entertained as diagnostic possibilities. In that instance, management with an adequate dose of venlafaxine, Duloxetine or tricyclic or even an anti-epileptic agent such as gabapentin / Pregabalin may produce important and substantial relief without the ongoing use of opioids. Further, consideration should be awarded to referral to a pain management specialist if the provider's therapies have failed to provide relief adequately long after the end of nociceptive pathologies in the patient's spine. She may well be physically and psychologically dependent on these agents and in that instance; a referral to an addiction specialist would be warranted. Such as, Norco 10/325mg #120 with 3 refills is not medically necessary.

Percocet 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Opioids for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-88.

Decision rationale: Use of opiates for chronic back pain is recommended when other medications and measures have failed to produce adequate relief. These measures include NSAID, surgery, physical therapy, heat/ice, chiropractic treatment, biofeedback, acupuncture etc. Additionally, if psychological issues are present, as in this case, appropriate and adequate treatment of depression / anxiety is important. Resolution of sleep disturbance and management of function are important. The focus should not be on pain alone. There is insufficient evidence in the clinical record that other non-opiate therapies have been adequately and sufficiently tried and have failed in managing this patient's pain. Second, ongoing opiate therapy requires an ongoing assessment for aberrancy, adverse effects, effect on activities of daily living, and analgesia. The provider has assessed for analgesia but not for aberrancy and no urine drug screens were done to ensure that the medications that are prescribed are being used appropriately. Further, it should be considered that since the patient has been on chronic opioids and has lack of resolution of pain adequately without them, that other factors such as chronic pain syndromes be entertained as diagnostic possibilities. In that instance, management with an adequate dose of venlafaxine, Duloxetine or tricyclic or even an anti-epileptic agent such as Gabapentin / Pregabalin may produce important and substantial relief without the ongoing use of opioids. Further, consideration should be awarded to referral to a pain management specialist if the provider's therapies have failed to provide relief adequately long after the end of nociceptive pathologies in the patient's spine. She may well be physically and psychologically dependent on these agents and in that instance; a referral to an addiction specialist would be warranted. Such as, Percocet 5/325mg #120 is not medically necessary.