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| <b>Case Number:</b>   | CM14-0172910 |                              |            |
| <b>Date Assigned:</b> | 10/23/2014   | <b>Date of Injury:</b>       | 09/19/2005 |
| <b>Decision Date:</b> | 01/14/2015   | <b>UR Denial Date:</b>       | 09/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/20/2014 |

### 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 Occupational 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 male with date of injury 9/19/2006. Per primary treating physician's progress evaluation and appeal of denied treatment dated 7/2/2014, the injured worker complains of continued low back pain that radiates into his right lower extremity. He denies any new accidents or injuries and he is not working. He reports he has noted increased neuropathic pain since he decreased his use of Neurontin. He continues to report numbness in his left leg. He continues to report benefit from his current pain medicine regimen. He continues to utilize Norco 10/325 mg two times per day for breakthrough pain. He is also utilizing Neurontin 400 mg three times per day for neuropathic pain. He continues to utilize Zanaflex 4 mg up to three times per day as needed for acute muscle spasms and chronic myofascial pain. He is also using Colace 100 mg per day and Citrucel as needed for constipation. On examination he reports pain rated at 7-8/10 with medication and 9-10/10 without medications. He is in mild distress. There is no evidence of medication-induced somnolence. He is utilizing a walking cane for ambulation. He displays a slow and antalgic gait. There is tenderness in the midline lumbar spine and moderate spasm noted in the right paralumbar musculature. Lumbar spine range of motion is flexion 10 degrees, extension 5 degrees, right and lateral flexion 10 degrees, and left lateral flexion 10 degrees. Straight leg raise is negative. There is some decreased sensation to touch along the L4-L5 nerve root pattern on the right. Deep tendon reflexes are slightly diminished on the right Achilles. Patellar reflex is 2/2. There remains some persistent weakness of the extensor hallucis longus on the right but to a lesser degree at 4+. Anterior tibialis strength is improved. Diagnoses include 1) status post L4-L5 anterior posterior decompression and fusion with instrumentation 2) residual low back and right radicular pain 3) abdominal pain 4) GERD 5) opioid induced constipation 6) depression and anxiety 7) insomnia.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg, one by mouth two time a day, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is being treated with nonopioid and opioid pain medications chronically. He reports a 20% improvement in pain severity with the use of medications. Improvement in pain severity with opioid pain medications is not reported independently, and there is no objective functional improvement reported as a result of opioid pain medication use. The injured worker has nonopioid pain medications that are still being provided. Medical necessity for opioid pain medication use has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 7.5/325mg, one by mouth two time a day, #60 is determined to not be medically necessary.

**Colonoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus Medical Encyclopedia

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Per the utilization review dated 9/25/2104, the injured worker had received an upper GI endoscopy on 9/1/2010 revealing

mild gastritis and possible helicobacter. CT scan and colonoscopy were recommended at that time. A CT of the abdomen without contrast was done on 11/10/2010, which demonstrated negative CT of the abdomen and post-surgical changes in the lower lumbar spine. The primary treating physician advises that the injured worker continue to follow up with gastroenterology. There are no notes provided for review from gastroenterology, and there is no information regarding the necessity of colonoscopy or endoscopy studies. The utilization review sent a request for information on 9/19/2014 regarding the need for the requested colonoscopy and upper endoscopy. There still does not appear to be any information provided regarding these requests. Medical necessity has not been established due to a lack of information provided by either the gastroenterologist and/or the primary treating physician. The request for Colonoscopy is determined to not be medically necessary.

**Upper endoscopy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Disability Advisor: Workplace Guideline for Disability Duration by Presley Reed, MD

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Per the utilization review dated 9/25/2104, the injured worker had received an upper GI endoscopy on 9/1/2010 revealing mild gastritis and possible helicobacter. CT scan and colonoscopy were recommended at that time. A CT of the abdomen without contrast was done on 11/10/2010, which demonstrated negative CT of the abdomen and post-surgical changes in the lower lumbar spine. The primary treating physician advises that the injured worker continue to follow up with gastroenterology. There are no notes provided for review from gastroenterology, and there is no information regarding the necessity of colonoscopy or endoscopy studies. The utilization review sent a request for information on 9/19/2014 regarding the need for the requested colonoscopy and upper endoscopy. There still does not appear to be any information provided regarding these requests. Medical necessity has not been established due to a lack of information provided by either the gastroenterologist and/or the primary treating physician. The request for Upper endoscopy is determined to not be medically necessary.