

Case Number:	CM14-0187408		
Date Assigned:	11/17/2014	Date of Injury:	08/22/2007
Decision Date:	01/06/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 38 year old male who was injured on 8/22/2007 involving his lower back. He was diagnosed with lumbar sprain/strain, lumbar disc displacement (based on MRI), chronic low back pain, and lumbar radiculitis. He later, in 2012, noticed worsening of his low back pain and sought medical care again after not seeing a doctor for years. Over the course of his care, he was treated with medications, ice, heat, epidural injection, and physical therapy. The most recent MRI of his lower back was from 3/10/14 which showed L4-5 3 mm right foraminal disc protrusion and posterior annular tear, posterior annular tear at L5-S1, and L5-S1 3 mm disc protrusion with mild central canal narrowing. Later, he was treated with surgery (lumbar discectomy/decompression/fusion) on 9/12/14. Immediately following the surgery, x-rays of the lumbar spine were "satisfactory". The surgeon saw him for a follow-up on 10/1/14 when the worker complained of pain in his back and burning pain in his buttocks, thighs, and calves worse than prior to the surgery. Motor and sensory function of upper and lower extremities were grossly intact. Repeat x-rays of the lumbar spine showed appropriately positioned instrumentation. The surgeon requested a CT scan of the lumbar spine to "rule out a disc extrusion or residual stenosis that could potentially account for the patient's leg symptoms" and was given Lyrica. Later, on 10/14/14, the worker was seen by his primary treating physician for a follow-up complaining of continual post-operative pain with a "feeling of stretching of nerve causing pain in the bilateral upper and lower extremities." He was using a lumbar brace at the time and was planning on following up with his surgeon weeks later. Physical examination revealed tenderness to the paravertebral muscles, lumbosacral junction, and bilateral sciatic notch, healing scars, and decreased range of motion of the lumbar spine. He was recommended Neurontin, home exercises, Norco, and a CT scan of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, the surgery was likely followed by opioid medication, which is standard, however, this was not confirmed in the documentation provided for review. The request for Norco was weeks following the surgery in the setting of persistent worse pain. There was no documented evidence that the Norco or any other opioid medication was providing any functional benefit as this report was not provided as part of the documentation in the progress notes. Without evidence of benefit, the Norco will be considered medically unnecessary to continue.

1 CT Scan of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Imaging.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-310.

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for special testing (including CT scan) to be warranted there needs to be unequivocal objective clinical findings that identify specific nerve compromise on the neurological examination (such as sciatica) in situations where red flag diagnoses (cauda equina, infection, fracture, tumor, dissecting/ruptured aneurysm, etc.) are being considered, and only in those patients who would consider surgery as an option. In some situations where the patient has had prior surgery on the back, MRI may also be considered, but CT scan is not the appropriate choice for evaluation after surgery. X-ray is sufficient to evaluate for misplacement of hardware, and MRI is most appropriate for evaluation of neurological compromise following surgery. The MTUS also states that if the straight-leg-raising test on examination is positive (if done correctly)

it can be helpful at identifying irritation of lumbar nerve roots, but is subjective and can be confusing when the patient is having generalized pain that is increased by raising the leg. In the case of this worker, the CT scan does not seem to be appropriate. MRI might have been considered based on his persistent subjective pain, however, insufficient objective evidence for neurological compromise was found from the physical examinations from the surgeon and primary treating physician both. Therefore any imaging (MRI or CT) would be considered medically unnecessary.