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| Case Number: | CM14-0215769 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 11/14/1986 |
| Decision Date: | 03/04/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Family Practice

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 62 year old male who was injured on 11/14/86. He was diagnosed with lumbosacral spondylosis, pain in lower leg, disorder of the sacrum, lumbago, peripheral neuropathy, and enthesopathy of the hip region. He was treated with medications, back injections, and physical therapy/exercise program. He was seen on 10/21/14 by his treating provider, reporting low back pain and knee pain which is increased. He reported participating in an exercise program, which was beneficial, however, his function was still decreased. He reported taking his medications as prescribed and did not have any concerns with them. He reported his pain rated at 2/10 on the pain scale with his medications and rated 10/10 without. It was reported that he was not exhibiting aberrant behavior regarding his medication use. He reported taking lidocaine ointment, hydrocodone/APAP, Lipitor, Benicar, Pantoprazole, Terazosin, Nucynta, Metformin, and Tricor. Previous urine drug tests were consistent with his medication use. Physical findings include normal gait, moving easily from sit to stand, flexion and extension of lumbar spine with pain, and pain referable to the thoracolumbar facets on prone extension and overpressure. The worker was then recommended to continue his medications as before, complete blood testing (CMP, thyroid panel, vitamin D) "for chronic opioid use," and have a lumbar MRI without contrast "for increased low back pain and leg pain." He was also referred for a surgical consultation for his lumbar pain "upon review of MRI."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Tables 12-1 and 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines: MRI: Thoracic, lumbar

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

Decision rationale: MTUS Guidelines for diagnostic considerations related to lower back pain or injury require that for MRI 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. 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. The Official Disability Guidelines (ODG) state that for uncomplicated low back pain with radiculopathy MRI is not recommended until after at least one month of conservative therapy and sooner if severe or progressive neurologic deficit is present. The ODG also states that repeat MRI should not be routinely recommended, and should only be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. The worker in this case, the worker reported some persistent and worsening low back pain, but only rated 2/10 on the pain scale and no subjective leg pain was reported. There was also no objective evidence from physical examination to show any signs of radiculopathy from his low back pain. No evidence of any red flag diagnoses were seen as well. Therefore, from the documents provided for review, there was insufficient evidence to justify lumbar MRI. Flare-ups of pain should be monitored and treated conservatively first before considering any additional testing.

Thyroid profile: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: hydrocodone/acetaminophen AND tapentadol

Decision rationale: The MTUS does not address thyroid profile testing in the setting of opioid use. No guideline was found which recommended any thyroid testing outside of known thyroid

disorder unrelated to opioid use. Neither of the side effect profiles for Nucynta or hydrocodone included any mention of hypothyroidism or hyperthyroidism which might have warranted screening testing with a thyroid profile. Therefore, the thyroid profile cannot be justified and will be considered medically unnecessary.

Vitamin D panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: hydrocodone/acetaminophen AND tapentadol

Decision rationale: The MTUS does not address vitamin D testing in the setting of opioid use. No guideline was found which recommended any thyroid testing outside of known vitamin D deficiency unrelated to opioid use. Neither of the side effect profiles for Nucynta or hydrocodone included any mention of any potential effect with vitamin D levels which might have warranted screening testing with a vitamin D test. Therefore, the vitamin D panel cannot be justified and will be considered medically unnecessary.

Surgery consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): p. 127, 305-306.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. The ACOEM MTUS Guidelines also state that referral to a surgeon for low back pain is only indicated when the patient exhibits severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, there was insufficient evidence to suggest a surgical consult was appropriate at the time of this request. There was only mild pain reported without any objective evidence of radiculopathy and also without any imaging to confirm any pathology, which would all be

required before considering sending this worker to a surgeon. Therefore, the surgical consult is not medically necessary.

RETROSPECTIVE: Lidocaine 5% ointment TID, fill 10/21/14 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no documented objective evidence of neuropathy in the notes provided for review, which might have warranted a trial of lidocaine. Also, there was no evidence found in the notes that the worker had already tried and failed first-line therapy for neuropathic pain. Therefore, the lidocaine ointment will be considered medically unnecessary to continue.

UDT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management of Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, p. 46, AND Opioids, pp. 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patients use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, it was documented the the worker did not exhibit any aberrant behavior and previous urine drug screens were predictable based on his current prescriptions. Therefore, it is unclear why the provider is performing more urine drug screening, when there is no indication for this test. Therefore, the urine drug test is not medically necessary.