MAXIMUS Federal Services

Case Number:	CM14-0215973		
Date Assigned:	01/06/2015	Date of Injury:	01/28/1998
Decision Date:	02/28/2015	UR Denial Date:	11/29/2014
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:
California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 62-year-old male with an injury date on 01/28/1998. Based on the 10/22/2014 progress report provided by the treating physician, the patient complains of flared up back and extremity pain that radiates to the posterior right leg and inner thigh and groin with weakness in the left lower extremity. Physical exam reveals tenderness at the L4 through S1 paraspinal muscles and sacroiliac joint. Motor strength is decreased in the left lower extremity to 4/5.
Sensation is decreased in the right inner thigh. The treatment plan is request medications, physical therapy, lumbar epidural steroid injection, and return in 1 month for follow up. The patient's work status is permanent and stationary, retired. According to the treating physician, MRI of the lumbar spine on 08/18/14 shows: 1. L2-3:4-5mm disc protrusion extending into both neural foramen including facet hypertrophic changes bilaterally. 2. L3-L4: high grade bilateral neuroforaminal exit zone compromise with borderline spinal stenosis, extensive degenerative change, marked hypertrophy of the posterior inferior endplate of L3, pedicle screws in place. 3. L4-L5:high grade spinal stenosis is seen with high grade bilateral neuroforaminal exit zone, pedicle screws in place. 4. L5-S1: 2-3 mm disc bulge, grade 1 anterolisthesis, pedicle screws in place. The 04/24/2014 QME report indicates patient's pain is an 8-9/10. The Multidimensional Task Ability Profile (MTAP) including the Health and Behavioral Assessment indicates the patient can do ALL

self care; ALMOST ALL Cooking, Light Housekeeping; MOST Heavy Housekeeping, Light Gardening, Home Maintenance; SOME Outside Home Repair, Lawn and Garden Maintenance. The Physical Function Score is 157/200. The diagnoses are: 1. Status post 1/28/98 work-related low back injury. 2. Status-post 10/22/98 bilateral decompressive lumbar laminectomies with partial facetectomy at L5-S-1 with a transverse process arthrodesis. 3. Status-post 10/21/00 work-related low back injury. 4. Status-post 10/18/01 re-do L5-S1 gill procedure with L5-S1 pedicle screw fixation and facet and transverse process fusion. 5.Status post 9/24/02 work-related low back injury. 6. Status- post 8/17/05 (non-industrial) right knee endoscopy partial medial meniscectomy. 7. Status- post 8/23/07 work-related low back injury. 8. Status-post 12/11/07 L4-5 bilateral decompression and fusion with extension of his L5-S1 fusion. 9. Status post 6/25/08 work- related low back injury. 10. Multilevel lumbar spondylosis. 11. Chronic low back pain syndrome. There were no other significant findings noted on this report. The utilization review denied the request for surgical consultation and 1 prescription of Norco 10/325mg, #150 but modified to 1 prescription of Norco 10/325mg, #101 on 11/29/2014 based on the ACOEM/MTUS guidelines. The requesting physician provided treatment reports from 08/26/2014 to 10/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 surgical consult between 11/19/2014 and 1/24/2015.: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7

Decision rationale: According to the 10/22/2014 report, this patient presents with flared up back and extremity pain that radiates to the posterior right leg and inner thigh and groin with weakness in the left lower extremity. The current request is for surgical consultation. The ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the current request is supported by the ACOEM guidelines for specialty referral. Given the patient history of multiple surgeries; the treating physician feels that additional expertise is required. The current request IS medically necessary.

1 prescription of Norco 10/325mg, #150 between 11/19/2014 and 1/24/2015.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60-61, 88-89, 76-78.

Decision rationale: According to the 10/22/2014 report, this patient presents with flared up back and extremity pain that radiates to the posterior right leg and inner thigh and groin with weakness in the left lower extremity. The current request is for 1 prescription of Norco 10/325mg, # 150. This medication was first mentioned in the 08/26/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In reviewing the submitted records show documentation of pain assessment and patient's ADL's per QME report. Furthermore, the treating physician mentions the patient is taking Norco, naproxen; and gabapentin with good benefit and no side effects. There is no aberrant drug behavior. The patient is functional on his meds. The treating physician states "We are adherent to the four domains of prescribing narcotic medication regarding the MTUS guidelines. We have a CURES report from 10/17/14, which is consistent with us being the only prescribers of his narcotic medication. We have a urine toxicology from 09/23/14 consistent with his Norco, which is being prescribed." In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.