

<b>Case Number:</b>	CM14-0219066		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	11/07/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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 York  
Certification(s)/Specialty: Internal Medicine

### 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 was a 54 year old male, who sustained an industrial injury November 7, 2013. The injured worker suffers from post-traumatic stress disorder and flashback from the vehicle accident that caused the injury. The injured worker continues with psychotherapy and pain medication. The injured worker was also diagnosed with diabetes mellitus, hypertension, lumbago, chronic pain syndrome, sacroiliitis and cervicgia. On December 10, 2014, the primary treating physician requested an MRI of the cervical spine, MRI of the lumbar spine and prescription for Norco, due to the injured workers continued complaints of chronic pain in the sacroiliitis area. On December 16, 2014, the UR denied authorization for MRI of the L-spine and C-spine and Norco. The Norco was denied on the bases of the MTUS guidelines for Chronic Pain. The MRI of the lumbar spine was denied, due to MTUS ACOEM guidelines for Chronic Low Back Pain. The MRI of the Cervical Spine was denied on the ACOEM guidelines for Cervical and Thoracic Spine Disorders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient magnetic resonance imaging (MRI) of the lumbar and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Back Pain/Neck Pain Page(s): page 304.

**Decision rationale:** There is no documentation provided necessitating a cervical MRI. Per California MTUS Guidelines, MRI is indicated if there are unequivocal objective findings that identify specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgical intervention. Cervical MRI imaging is the mainstay in the evaluation of myelopathy. In addition to diagnosing disc herniation, neo-plastic or infectious pathology can be visualized. In this case, there is no history of cervical radiculopathy or physical exam evidence of any neurologic abnormalities. Medical necessity for the requested cervical MRI has not been established. The requested service is not medically necessary. There is no documentation necessitating an MRI of the lumbar spine. On exam there are no neurologic findings or subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence. There is no reported consideration for any interventional procedures for the treatment of his back condition. There is no specific indication for the requested MRI of the lumbar spine. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

**Pharmacy purchase of Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 91-97.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the claimant has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the chronic use of a short acting opioid medications. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for Norco 10/325 has not been established. The requested treatment is not medically necessary.

