

Case Number:	CM15-0018041		
Date Assigned:	02/05/2015	Date of Injury:	03/01/2013
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/30/2015

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 injured worker is a 60 year old right hand dominant male, who sustained a work/ industrial injury on 3/1/13. He has reported symptoms of mid back pain and right lower thoracic pain with radiation into the right lower ribcage with numbness and paresthesias in the left hand. Prior medical history included hypertension, hypercholesterolemia and left carpal tunnel release. Lumbar spinal fusion was performed in 2001. The diagnostics have included a Magnetic Resonance Imaging (MRI) on 4/17/13 that reported a 5 mm right paracentral disc protrusion at T8-T9 level effacing the anterior aspect of the spinal cord on the right. Treatments to date included epidural steroid injection, medication, and trigger point injections. Diagnosis was degenerative thoracic and lumbar intervertebral disc, thoracic/lumbar neuritis. Current medications included Amlodipine, Zetia, Norco, and Nabumetone. Examination revealed non-specific tenderness bilaterally, positive Phalen's test and Tinel's sign on the left and limited range of motion. The cervical spine revealed limited range of motion due to pain. The thoracic spine revealed mild paraspinal tenderness and spasm bilaterally and limited thoracic spine rotation due to pain and spasm. The lumbar spine revealed positive straight leg raises bilaterally, moderate paraspinal tenderness on the right L2-3, L3-4, and L4-5, myofascial tenderness more on the right paraspinal region, and limited range of motion due to pain. On 1/2/15, Utilization Review non-certified Norco 10/325 mg #120; modified Pain management consultation for possible epidural injection to Pain management consultation; and non-certified Neurosurgery consult/treatment, noting the California Medical treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 60 year old patient complains of constant pain in the neck rated at 7/10, constant pain in the lower back rated at 9-10/10, and pain in the right rib cage rated at 9/10, as per progress report dated 12/10/14. The request is for NORCO 10/325 mg # 120. The RFA for this case is dated 12/10/14, and the patient's date of injury is 03/01/13. Diagnoses, as per progress report dated 12/10/14, included sleep disturbance, hypertension, sprain of ribs, thoracic spine disc protrusion at T8-9 and T12-L1, bilateral carpal tunnel syndrome, and discogenic low back pain. The patient is status post left carpal tunnel release --- date of the procedure is not mentioned---. Diagnoses, as per progress report dated 12/03/14 included lumbar degenerative disc disease, thoracic/lumbar neuritis, and degenerative thoracic disease. The patient is temporarily totally disabled, as per progress report dated 12/10/14. 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 4As (analgesia, ADLs, adverse side effects, and adverse 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. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco was first noted in progress report dated 09/19/14, and the patient has been taking the medication consistently at least since then. An UDS screen was performed, as per progress report dated 12/03/14, to test the patient's compliance. However, the treater does not document a reduction in pain in terms of change in pain scale nor does the treater use a validated measurement to demonstrate an increase function due to Norco use. No CURES reports are available for review and the treater does not list the side effects associated with Norco use. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Pain management consultation for possible epidural injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain Procedure

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), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The 60 year old patient complains of constant pain in the neck rated at 7/10, constant pain in the lower back rated at 9-10/10, and pain in the right rib cage rated at 9/10, as per progress report dated 12/10/14. The request is for PAIN MANAGEMENT CONSULTATION FOR POSSIBLE EPIDURAL INJECTION. The RFA for this case is dated 12/10/14, and the patient's date of injury is 03/01/13. Diagnoses, as per progress report dated 12/10/14, included sleep disturbance, hypertension, sprain of ribs, thoracic spine disc protrusion at T8-9 and T12-L1, bilateral carpal tunnel syndrome, and discogenic low back pain. The patient is status post left carpal tunnel release --- date of the procedure is not mentioned---. Diagnoses, as per progress report dated 12/03/14 included lumbar degenerative disc disease, thoracic/lumbar neuritis, and degenerative thoracic disease. The patient is temporarily totally disabled, as per progress report dated 12/10/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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 patient suffers from severe neck and low back pain. However, there is no diagnosis of radiculopathy, as required by MTUS for epidural injections. Additionally, the current request is being made by an orthopedic surgeon. It is not clear why the surgeon cannot assess the patient's eligibility for an ESI and how a pain management specialist will help in this case. Hence, the request IS NOT medically necessary.

Neurosurgery Consult/treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC Pain Procedure

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), Independent medical examination and consultations. Ch:7 page 127

Decision rationale: The 60 year old patient complains of constant pain in the neck rated at 7/10, constant pain in the lower back rated at 9-10/10, and pain in the right rib cage rated at 9/10, as per progress report dated 12/10/14. The request is for NEUROSURGERY CONSULT / TREATMENT . The RFA for this case is dated 12/10/14, and the patient's date of injury is 03/01/13. Diagnoses, as per progress report dated 12/10/14, included sleep disturbance, hypertension, sprain of ribs, thoracic spine disc protrusion at T8-9 and T12-L1, bilateral carpal tunnel syndrome, and discogenic low back pain. The patient is status post left carpal tunnel release --- date of the procedure is not mentioned---. Diagnoses, as per progress report dated 12/03/14 included lumbar degenerative disc disease, thoracic/lumbar neuritis, and degenerative thoracic disease. The patient is temporarily totally disabled, as per progress report dated

12/10/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) 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 treater is requesting for Neurosurgery consultation "to address thoracic spine, lumbar spine." The patient is experiencing significant pain in spite of orthopedic care. Hence, the expertise of an neurosurgeon may beneficial in managing symptoms and improving quality of life. Hence, this request IS medically necessary.