

Case Number:	CM15-0112251		
Date Assigned:	06/18/2015	Date of Injury:	08/27/2014
Decision Date:	09/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 is a 69 year old male who sustained an industrial injury on 8/27/14. The injured worker was diagnosed as having lumbago, low back pain, radiculitis; lumbar, thoracic and pain in foot/leg/arm/finger. Currently, the injured worker was with complaints of lumbar spine discomfort with radiation to the left thigh. Previous treatments included medication management, ice, activity modification and physical therapy. Physical examination was notable for an antalgic gait, lumbar spine with painful midline and paraspinal muscles, tender lumbar paraspinal muscles, limited lumbar flexion and extension. The plan of care was for diagnostic studies and medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325 MG #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, Weaning of Medications Page(s): 74-95, page 124.

Decision rationale: Norco (Hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing pain in the lower back that went into the left leg with numbness. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. It was unclear if the worker had used this medication in the past. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. There was no discussion suggesting why the medication was being started if it was being newly added to the established treatments. In the absence of such evidence, the current request for 60 tablets of Norco (Hydrocodone with acetaminophen) 5/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Ibuprofen 800 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Ibuprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing pain in the lower back that went into the left leg with numbness. There was no documentation describing the worker's gastrointestinal and heart risks or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this

request. In the absence of such evidence, the current request for ninety tablets of ibuprofen 800mg with two refills is not medically necessary.

NCS 1-2 Studies Qty 1 (EMG/NCS Lumbar): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 165-188, 261.

Decision rationale: The MTUS Guidelines discuss that electromyography (EMG) of the legs may be helpful when the worker is experiencing lower back pain and subtle, focal neurologic issues lasting longer than a month. EMG of the arms or legs is supported to clarify nerve root dysfunction, especially when a bulging lower back disk is suspected. This testing is not recommended for clinically obvious radiculopathy. The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation reported the worker was experiencing pain in the lower back that went into the left leg with numbness. There was no discussion suggesting subtle neurologic findings in the neck or any arm issues or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for electromyography (EMG) and nerve conduction velocity (NCV) testing of the lower back region is not medically necessary.

NCS 1-2 Studies Qty 1 (Left Leg): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, 165-188, 261.

Decision rationale: The ACOEM Guidelines recommend the use of nerve conduction velocity (NCV) testing to identify subtle focal neurologic dysfunction in those with neck and/or arm symptoms and to help separate carpal tunnel syndrome from other conditions, such as cervical radiculopathy. The submitted and reviewed documentation reported the worker was experiencing pain in the lower back that went into the left leg with numbness. There was no discussion suggesting subtle neurologic findings in the neck or any arm issues or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for nerve conduction velocity (NCV) testing of the left leg is not medically necessary.

MRI Lumbar Spine without and with Dye Qty 1 (Lumbar MRI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. Gadolinium, a type of contrast or dye, is often used in cases such as a concern that a cancer may involve the wrappings around the spinal cord or after the worker has had certain types of surgery to this area of the spine in the past. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back that went into the left leg with numbness. The documented examination did not detail findings consistent with an issue involving a specific spinal nerve involving this area of the back. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region with and without dye is not medically necessary.