

Case Number:	CM15-0113052		
Date Assigned:	06/22/2015	Date of Injury:	06/13/2012
Decision Date:	07/22/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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:

This is a 30 year old female with a June 13, 2012 date of injury. A progress note dated December 8, 2014 documents subjective findings (pain in the low back rated at a level of 6/10 without medications and 3/10 with medications; weakness and numbness in the left leg), objective findings (decreased sensation on the left and S1 dermatome; difficulty with toe walk; decreased range of motion of the lumbar spine; mild lumbosacral tenderness), and current diagnoses (disc bulge, L5-S1, with left lower extremity radiculopathy). Treatments to date have included magnetic resonance imaging of the lumbar spine on May 6, 2014 that showed degenerative disc disease with L5-S1 bulge and high intensity zone, x-rays of the lumbar spine on March 17, 2014 that showed disc space narrowing at L5-S1, lumbar epidural steroid injections, and medications. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included pain management follow up visits and hydrocodone/Vicodin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management follow up visit times three: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9.

Decision rationale: The patient presents on 12/08/14 with lower back pain rated 3/10 with medications (6/10 without) and associated numbness and weakness in the left lower extremity. The patient's date of injury is 06/13/12. Patient is status post lumbar ESI at L5-S1 level on 10/01/13. The request is for pain management follow up visit times 3. The RFA was not provided. Physical examination dated 12/08/14 reveals mild lumbosacral tenderness, difficult toe-heel walking, and decreased range of motion in the lumbar spine. Remaining physical findings are unremarkable. The patient is currently prescribed Norco, Flexeril, and Methoderm. Diagnostic imaging included lumbar MRI dated 05/06/14, significant findings include: "Disc bulge and central annular tear at L5-S1 level. No significant lumbar spinal stenosis." Patient is currently classified as permanent and stationary, is not working. Regarding follow-up visits, MTUS guidelines page 8 has the following: "The physician treating in the workers" compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. In this case, the treating physician is requesting 3 follow-up visits to monitor this patient's continuing lower back pain. Utilization review dated 06/11/15 modifies the request for 3 follow-up visits to allow 1 follow up visit, leaving open the possibility that further visits can be requested as needed. While MTUS does not explicitly state how many follow-up visits are considered appropriate, a series of 3 follow up visits is a reasonable amount and the provider is justified in seeking regular re-assessments to ensure the effectiveness of any medical interventions. Therefore, the request is medically necessary.

Hydrocodone Vicodin 5/300 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient presents on 12/08/14 with lower back pain rated 3/10 with medications (6/10 without) and associated numbness and weakness in the left lower extremity. The patient's date of injury is 06/13/12. Patient is status post lumbar ESI at L5-S1 level on 10/01/13. The request is for hydrocodone vicodin 5/300MG #90. The RFA was not provided. Physical examination dated 12/08/14 reveals mild lumbosacral tenderness, difficult toe-heel walking, and decreased range of motion in the lumbar spine. Remaining physical findings are

unremarkable. The patient is currently prescribed Norco, Flexeril, and Methoderm. Diagnostic imaging included lumbar MRI dated 05/06/14, significant findings include: "Disc bulge and central annular tear at L5-S1 level. No significant lumbar spinal stenosis." Patient is currently classified as permanent and stationary, is not working. Regarding chronic opiate use, MTUS guidelines page 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 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 guidelines page 90 also states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." In regard to the request for Vicodin, treater has not provided adequate documentation of medication efficacy to continue this medication. Progress notes dated 12/08/14 includes documentation of pain reduction from 6/10 to 3/10 attributed to medications. There is discussion of functional difficulties secondary to lower back pain, however it is not explicitly stated how this patient's medications improve functionality. There is evidence of regular drug screening from several billing statements, which include UDS charges, as well as multiple previous independent medical review decisions relating to UDS, though no toxicology reports are made available for review. Most recent progress note dated 12/08/14 discusses the collection of a specimen, though does not mention prior consistency. There is no discussion of a lack of aberrant behavior, either. MTUS guidelines require documentation of analgesia via a validated scale (which was provided), activity-specific functional improvements, evidence of consistent urine drug screening, and a stated lack of aberrant behavior. In this case, not all 4 of the 4A's criteria have been adequately addressed. Owing to a lack of complete 4A's documentation as required by MTUS, the continuation of this medication cannot be substantiated. The request is not medically necessary.