

<b>Case Number:</b>	CM15-0118457		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	10/22/2014
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 is a 45-year-old male, with a reported date of injury of 10/22/2014. The mechanism of injury was not indicated. The injured worker's injuries at the time of the injury were not indicated. The diagnoses include chronic low back pain, lumbar muscle strain, thoracic spine strain, neck pain, and chronic persistent thoracic pain. Treatments and evaluation to date have included physical therapy and oral medications. The diagnostic studies to date have included an MRI of the low back on 02/16/2015 which showed a 3-4mm and 4-5mm disc protrusion into both neural foraminal exit zones, and moderate to high-grade bilateral neural foraminal exit zone compromise, posterior ligamentous and facet hypertrophic changes; an x-ray of the thoracic spine on 12/16/2014 which showed multilevel degenerative changes; and an x-ray of the lumbar spine on 12/16/2014 which showed multilevel degenerative changes. The progress report dated 04/30/2015 indicates that the injured worker had ongoing thoracic and low back pain with radicular pain into his right lower extremity. The objective findings include mild to moderate distress and slow walking with a cane. He stated that he had been out of his medications for about a week and a half. How the injured worker was taking his medication was discussed with the treating provider. The injured worker indicated that he thought he was supposed to take one tablet from each bottle of Norco three times a day. The injured worker had two separate bottles of Norco when he came into the office. He thought that since the tablets were a different color, they were different medications. The injured worker took the Zanaflex when the Norco ran out, and he stated that it did not seem to make a difference at all. He stated that the Norco helped quite a bit. The treating physician had a lengthy discussion with the

injured worker regarding his pain medications and made sure that he clearly understood that he needed to ration his medications. It was noted that the Norco brought his pain from 10 out of 10 down to a rating of 2 out of 10. Without medication, he was not able to do any cleaning of his room, laundry, and dusting. Without medication, he would get 1 or 2 hours of interrupted sleep, and with medication, he was able to get 5 solid hours of more restful sleep at a time. The injured worker denied negative side effects from the Norco. The injured worker stated that he only got his medications from the requesting physician's office; therefore, no abnormal behaviors were noticed. A urine drug screen was done on the day of the office visit, which was negative for opioids. The injured worker's average pain was 6 out of 10; it would get as high as 10 out of 10, and 2 out of 10 at its best. It would take about 30 minutes for the Norco to take effect and would last between 6 and 7 hours. The Zanaflex was discontinued on the day of the visit. The injured worker's work status included no lifting over 30 pounds, and no frequent bending and stooping. The progress report dated 05/28/2015 indicates that the injured worker complained of ongoing neck pain with radiating symptoms into both upper arms. He had been taking his Norco on a more consistent basis. The random urine drug screen was done on the day of the visit, and it was consistent. The objective findings include increased tenderness to the cervical paraspinal muscles. The treatment plan included a prescription for Norco with no refills, an MRI of the cervical spine to look at the discs, and a urine drug screen. The injured worker's work status remained the same as the last visit. The treating physician requested an MRI of the cervical spine, Norco 10/325mg #120, and a urine drug screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The MTUS ACOEM Guidelines indicate that for most patients with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve the symptoms. There was no evidence that that conservative treatments specifically for the cervical spine had failed. The criteria for ordering imaging studies include: the emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure. If physiologic evidence shows tissue insult or nerve impairment, a discussion with a consultant regarding the next steps, including a MRI for neural or other soft tissue should be considered. The injured worker had reported radicular symptoms of the cervical spine without evidence of neurologic deficit on examination and the IW had not had a consultation with the spine surgeon to date. Therefore, the request for an MRI of the cervical spine is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker had been taking Norco for 4 months. The guidelines also indicate that the pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The guidelines indicate that ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. All of these things were documented by the requesting physician during one office visit; however, the injured worker's functional status and pain relief was not documented in the following progress report as recommended by the guidelines. Therefore, the request for Norco is not medically necessary.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The use of a drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended for on-going management. There was documentation that the injured worker had a history of not taking the Norco properly due to confusion. The injured worker underwent routine urine drug screens as recommended by the guidelines. The results of the urine drug screen were consistent. Therefore, the request for urine drug screen is medically necessary.