

Case Number:	CM15-0171312		
Date Assigned:	09/11/2015	Date of Injury:	10/08/2002
Decision Date:	11/02/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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: 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 58 year old female, who sustained an industrial injury on 10-08-2002. The injured worker was diagnosed as having status post lumbar laminectomy in 2006, lumbar disc disease, lumbar radiculopathy, lumbar facet arthropathy, and status post right ankle fracture-open reduction and internal fixation. Treatment to date has included diagnostics, lumbar spinal surgery, right ankle surgery, and medications. Currently (6-26-2015), the injured worker complains of pain in her lumbar spine (rated 5 out of 10) and right ankle (rated 4 out of 10). She described lumbar pain with radiation to the bilateral legs, with associated numbness, and stated that she had pain in her legs for 3 days straight. She reported worsening radicular symptoms and stated that she had to go to the emergency room because she began to experience extreme burning sensation traveling to the lower extremities, with weakness and instability, along with right lower extremity swelling. She reported taking her medications regularly and tolerated them well. She reported that her medications were "helping with her pain". A review of symptoms noted that she admitted depression, anxiety, and difficulty sleeping. It was documented that she was approved for a psychiatric consultation. Physical exam noted an antalgic gait on the right. Exam of the lumbar spine noted tenderness, spasm, tightness, and guarding over the lumbar paraspinal muscles and moderate facet tenderness at the L4-S1 levels. Lumbar range of motion noted 55-degree flexion, 15 extension, 15 right lateral, and 25 left lateral. There was decreased sensation at the L3-5 dermatomes on the right and at the L4 dermatome on the left. Lower extremity strength was 5 of 5, except 3 of 5 in the right L5-S1, and 4 of 5 in the right L4 and left L4-5. Lower extremity reflexes were notable at 1+ in the left knee and right ankle. Urine drug screening (4-27-2015) was documented as consistent with prescribed medications and 5-29-2015 was positive for Lyrica and Percocet (also documented positive for antidepressant and THC-for

which she was advised to bring in her medical marijuana card. Per the request for authorization (7-23-2015), the treatment plan included magnetic resonance imaging of the lumbar spine, electromyogram and nerve conduction studies of the bilateral lower extremities, Lyrica 150mg #60, Percocet 10-325mg #150, and urine toxicology screening. It was documented that according to her Opioid Risk Assessment, her score was greater than 19, indicating a high risk for narcotic abuse, misuse, and dependency. The rationale for imaging and neurodiagnostic studies was documented as subjective complaints, objective findings, and reviewed history, in addition to worsening radicular symptoms on physical exam, noting evidence of decreased dermatomal sensation and motor weakness. The progress report also (1-19-2015) noted Percocet 10-325mg (one tablet every 4-6 hours) and Lyrica 150mg (one tablet twice daily), at which time lumbar pain was rated 6 out of 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging), Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - MRI (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Although physician report at the time of the requested service indicates clinical signs of radiculopathy, documentation indicates similar objective findings on previous clinical examination. There is no new objective clinical finding of red flags that would be suspicious of serious spinal pathology. Furthermore, there is lack of Physician report indicating that revision surgery is being considered. The request for MRI (magnetic resonance imaging), Lumbar spine is not medically necessary per MTUS.

EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Lower Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - EMG (electromyography); NCS (nerve conduction study).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Nerve conduction studies (NCS).

Decision rationale: MTUS states that Electromyography (EMG) may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three

or four weeks , and to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy. However, EMG's are not necessary if radiculopathy is already clinically obvious. ODG does not recommend Nerve conduction studies (NCS) in the evaluation of low back pain. Documentation indicates that the injured worker complains of chronic radicular low back pain and is diagnosed with lumbar disc disease with radiculopathy. Physician reports additionally demonstrate clinical signs of radiculopathy, making EMG/NCV testing not clinically indicated. With radiculopathy already present and clinically obvious, the request for EMG (electromyography)/NCV (nerve conduction velocity), Bilateral Lower Extremities is not medically necessary per guidelines.

Lyrica 150 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Pregabalin (Lyrica).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Pregabalin (Lyrica).

Decision rationale: MTUS does not address this request. ODG recommends Lyrica (Pregabalin), an anti-convulsant, for treatment of neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica has been FDA approved for the treatment of diabetic neuropathy, Fibromyalgia and postherpetic neuralgia. It has also been approved for neuropathic pain associated with spinal cord injury. The injured worker complains of chronic low back pain. Documentation fails to show significant improvement in pain or level of function to support the medical necessity for continued use of Lyrica. The request for Lyrica 150 mg Qty 60 is not medically necessary per guidelines.

Percocet 10/325 mg Qty 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic low back pain. Documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Percocet 10/325 mg Qty 150 is not medically necessary.

Urine Toxicology Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioids; Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids, Urine drug tests.

Decision rationale: MTUS recommends screening patients to differentiate between dependence and addiction to opioids. Frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Random collection is recommended. Quantitative urine drug testing is not recommended for verifying compliance without evidence of necessity. The injured worker is noted to have been weaned off Oxycodone as recommended. Since initiation of Percocet, physician report fails to show significant objective improvement in pain or function. Being that ongoing use of opioid drugs has not been approved for this injured worker, urine drug testing is no longer indicated. The request for Urine Toxicology Screening is not medically necessary per guidelines.