

<b>Case Number:</b>	CM15-0174048		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	02/11/2000
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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 injured worker is a 66-year-old male who reported an industrial injury on 2-11-2000. His diagnoses, and or impression, were noted to include: degeneration of lumbar or lumbosacral inter-vertebral disc; spinal stenosis of lumbar region; neurogenic claudication; and backache. No current imaging studies were noted. His treatments were noted to include: orthopedic micro-surgeries (2008 & 2010); chiropractic treatments; medication management; and the classification of permanent and stationary. The progress notes of 8-18-2015 reported a follow-up visit with complaints which included: increased lower back pain and down into his right calf, with some recent changes in symptoms which increased his right calf pain; difficulty sleeping; and the continuation of taking Gabapentin with occasional hydrocodone and an anti-inflammatory. Objective findings were noted to include: no acute distress; moderate tenderness in the bilateral lumbosacral, right > left, pain with motion, and flexion of 50 degrees with extension of 15 degrees; a hyperactive right knee reflex of 3; and that he was noted to be painful, with limited range-of-motion, and with worse radicular complaints and difficulty sleeping. The physician's requests for treatments were noted to include: magnetic resonance imaging studies of the lumbar spine (with Gadolinium) to rule-out herniated nucleus pulposus, degenerative disc disease, stenosis and compression fracture; and Hydrocodone 5-325 mg to take 1 tablet twice a day as needed, #60. The 1/12015 progress notes note the renewal of Hydrocodone, #60, "to take more than 1-2 per day". The progress notes of 5-8-2015 note the refilling of Norco 5-325 mg for continued weaning down at 1 tablet every 12 hours as needed for pain, #60, with a note to the pharmacy "max 2 tabs per day, must last 1 month". The Request for Authorization (RFA), dated 8-18-2015, was noted for: magnetic resonance imaging lumbar spine with contrast (Gadolinium); no RFA for Hydrocodone 5-325 mg was noted in the medical records provided.

The Utilization Review of 8-26-2015 non-certified magnetic resonance imaging studies of the lumbar spine; and modified the request for Hydrocodone-APAP 5-325 mg, from #60, to #48.

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

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

#### **MRI of the lumbar Spine with contrast: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic Chapter, under MRI's.

**Decision rationale:** Based on the 8/18/15 progress report provided by the treating physician, this patient presents with increasing pain in low back radiating into right calf, also with increasing calf pain. The treater has asked for MRI of the lumbar Spine with contrast "because of his increased complaints of right leg pain and findings on physical examination that are worse than previous" on 8/18/15. The patient's diagnosis per request for authorization dated 8/18/15 is lumbar radiculopathy. The patient has been having difficulty sleeping at night due to increased pain per 8/18/15 report. The patient continues to take Gabapentin and occasional Hydrocodone, as well as anti-inflammatory per 8/18/15 report. The patient is s/p unspecified 'lumbar surgery' in 2008 and 2010 per 8/18/15 report. The patient has been going to chiropractic treatments which help with back pain but not with leg pain per 5/8/15 report. The patient's work status is permanent and stationary. ODG, Low Back Lumbar and Thoracic Chapter, under MRI's, states: Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). The provider is requesting a lumbar MRI due to increased right lower extremity complaints, 'to rule out HNP, DDD, stenosis, compression fracture' per 8/18/15 report. Review of provided medical records do not show that the patient has had a prior MRI of the lumbar spine. In this case, the patient has a hyperactive right knee reflex (3) on 8/18/15 physical exam, as well as recently worsening pain in right lower extremity. ODG recommends MRI for progressive neurological deficit and findings suggestive of significant pathology. Therefore, the requested MRI of lumbar is medically necessary.

#### **Hydrocodone /APAP 5/325 mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** Based on the 8/18/15 progress report provided by the treating physician, this patient presents with increasing pain in low back radiating into right calf, also with increasing calf pain. The provider has asked for Hydrocodone/APAP 5/325 mg #60 but the

requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization dated 8/18/15 is lumbar radiculopathy. The patient has been having difficulty sleeping at night due to increased pain per 8/18/15 report. The patient continues to take Gabapentin and occasional Hydrocodone, as well as anti-inflammatory per 8/18/15 report. The patient is s/p unspecified "lumbar surgery" in 2008 and 2010 per 8/18/15 report. The patient has been going to chiropractic treatments which help with back pain but not with leg pain per 5/8/15 report. The patient's work status is permanent and stationary. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, CRITERIA for use of Opioids Section, p77, states that 'function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. MTUS, Medications for Chronic Pain Section, page 60 states that 'Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity.' The provider does not discuss this request in the reports provided. Patient has been taking Norco since 1/13/15 and in reports dated 4/14/15 and 8/18/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the provider does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.