

Case Number:	CM15-0174214		
Date Assigned:	10/07/2015	Date of Injury:	09/28/2001
Decision Date:	11/18/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	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:

The injured worker is a 42-year-old male, who sustained an industrial injury on 9-28-2001. The injured worker is undergoing treatment for lumbar disc bulge and lumbar radiculopathy. Medical records dated 7-2-2015 indicate the injured worker complains of low back pain flare up with increased radiation, numbness and tingling of the lower extremities. Physical exam dated 7-2-2015 notes tenderness to palpation of the paravertebral thoracic, lumbar and sciatic area with decreased painful range of motion (ROM) and pain on straight leg raise. There is decreased sensation in the lower extremities. Treatment to date has included Norco since at least 1-7-2015, home exercise program (HEP) and altered activity level. The original utilization review dated 8-18-2015 indicates the request for Xanax 0.05mg #2 is conditionally non-certified and magnetic resonance imaging (MRI) of the lumbar sprain is non-certified and Norco 5-325mg #60 is modified.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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, under MRIs.

Decision rationale: The patient presents with pain in the lumbar spine. The request is for MRI of the lumbar spine. Physical examination to the lumbar spine on 07/02/15 revealed tenderness to palpation to the paravertebral muscles and over the left sciatic notch. Range of motion was noted to be decreased in all planes with pain. Straight leg raising test was positive. Per 08/13/15 progress report, patient's diagnosis include lumbar disc protrusion at L5-S1, and lumbar radiculopathy. Patient's medications, per 08/13/15 Request for Authorization includes Norco. Patient's work status is modified duties. Regarding MRI of L-spine ACOEM, guidelines, Chapter 12, page 303 states: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG-TWC guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) has the following: "Indications for imaging -- Magnetic resonance imaging: Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit." ODG guidelines discuss chronic pain and under L-spine chapter, indications for MRI's include suspicion of cancer infection, other "red flags"; radiculopathy after at least 1- month conservative therapy; prior lumbar surgery; cauda equina syndrome. Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the American College of Physicians. Imaging is indicated only if they have severe progressive neurologic impairments, signs, or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. In progress report dated 08/13/15, the treater is requesting authorization for MRI of the lumbar spine to help guide in patient's treatment. Review of the medical records provided indicate that the patient had an MRI of the lumbar spine on 07/22/15, which showed protrusion at L5-S1. ODG guidelines states, "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)." In this case, the treater has not documented any significant change in symptoms or findings indicating a significant pathology. This request is not medically necessary.

Norco 5/325mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with pain in the lumbar spine. The request is for NORCO 5/325MG #60. Physical examination to the lumbar spine on 07/02/15 revealed tenderness to palpation to the paravertebral muscles and over the left sciatic notch. Range of motion was noted to be decreased in all planes with pain. Straight leg raising test was positive. Per 08/13/15 progress report, patient's diagnosis include lumbar disc protrusion at L5-S1, and

lumbar radiculopathy. Patient's medications, per 08/13/15 Request for Authorization includes Norco. Patient's work status is modified duties. 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." MTUS, opioids for chronic pain section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy" and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." The treater has not specifically discussed this request. The utilization review letter dated 08/19/15 has modified the request to #34, recommending tapering. Review of the medical records provided indicates that the patient has been utilizing Norco since at least 01/07/15. However, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. There are no UDS test results, no discussions on CURES, and no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request is not medically necessary.