

Case Number:	CM15-0178262		
Date Assigned:	10/09/2015	Date of Injury:	02/08/2009
Decision Date:	11/24/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/10/2015

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, Hawaii
 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 44 year old female with an industrial injury date of 02-08-2009. Medical record review indicates she is being treated for displacement of lumbar intervertebral disc without myelopathy, left knee sprain, left ankle sprain and morbid obesity. Subjective complaints (07-07-2015) included "constant" pain in her bilateral left greater than right lower back traveling to her left foot and toes described as 'aching, sharp, shooting and tender. The injured worker rates her pain as 9 out of 10 and notes it "is the same." She also complained of numbness and tingling in the left foot and toes with swelling of her foot at night. Other complaints included "constant" pain in her left knee described as "aching and sharp", rated as 8-9 out of 10 and documented as "the same". She also complained of numbness in the left leg with occasional swelling in the left knee. She also complained of pain in her left ankle, left foot and toes described as "aching", rated as 3 out of 10 and documented as "the same." "The pain is affecting activities of daily living." The treating physician noted the above pain levels are without medications. Work status is documented (07-07-2015) as temporary total disability. In the treatment note (08-04-2015) the injured worker rated her back pain as 6 out of 10, knee pain as 7 out of 10 and left ankle pain as 3 out of 10. The treating physician indicated (08-04-2015) the injured worker was ready to return to work and documented work status as "return to full duty on 08-12-2015." Medical record review does not indicate pain levels with medication or specific activities of daily living. Her medications included Norco ("helpful"), Naproxen ("not helpful"), Celebrex ("helpful") and Coumadin (for a pulmonary embolism.) The injured worker had been taking Norco since at least 03-24-2015. Prior medications included Soma, Ultram ER and

"transdermal analgesics." Physical exam noted antalgic gait favoring the right. Lumbar spine exam noted Valsalva and Kemp's test - facet were positive on left side. "Extradural involvement-sciatic tension is pain on the right and positive on the left." Palpation revealed "severe" paraspinous tenderness, muscle guarding and spasms bilaterally, left greater than right at lumbar 2- lumbar 5 and lumbar 5- sacral 1. There was also moderate spinal tenderness radiating to the left lower extremity. Palpation revealed moderate tenderness at the sciatic nerve on the left. Lumbar range of motion was limited by pain and spasm. There was positive non-specific tenderness of the left ankle and foot. Urine drug screen (08-15-2014) was positive for Hydrocodone, Norhydrocodone, Oxycodone, Noroxycodone, Oxymorphone, Phenobarbital, Carisoprodol, Meprobamate and Acetaminophen. Her medications documented on the urine drug screen report were Norco and Soma. Treatment request included an open MRI without contrast of the lumbar spine and Norco 10/325 mg # 120 one four times per day as needed for pain. On 08-21-2015 utilization, review modified the request for Norco 10-325 mg # 120 to Norco 10-325 mg # 90. The request for open MRI was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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, criteria for use.

Decision rationale: Records indicate the patient has ongoing low back pain, which travels into the left foot and toes. There is also numbness and tingling in the left foot and toes. The records also indicate complaints of left knee and ankle pain. The current request is for Norco 10/325mg #120. The attending physician recommends Norco for pain, 1 tablet three times per day. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work with this medication. The MTUS guidelines require much more thorough documentation including discussion of aberrant behaviors and drug dependencies. The available medical records do not establish medical necessity for Norco 10/325mg #120. The request is not medically necessary.

Open MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Lumbar chapter, MRI.

Decision rationale: Records indicate the patient has ongoing low back pain, which travels into the left foot and toes. There is also numbness and tingling in the left foot and toes. The records also indicate complaints of left knee and ankle pain. The current request is for open MRI of the lumbar spine. In the progress report dated 7/7/15 (43b), the attending physician requests that the patient be sent for an open MRI without contrast of the lumbar spine. He does not provide discussion of what he is attempting to rule in/out. MTUS is silent on MRI's. The ODG states that MRIs are the 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 (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the attending physician has not provided any evidence to demonstrate progressive neurological deficit or red flags. While there are subjective complaints of leg pain, the treating physician found no objective neurological deficits such as decreased sensation in a dermatomal distribution, diminished deep tendon reflex, or motor weakness in a specific muscle group. The available medical records do not establish medical necessity for an MRI of the lumbar spine. The request is not medically necessary.