

Case Number:	CM15-0079560		
Date Assigned:	04/30/2015	Date of Injury:	01/17/2013
Decision Date:	06/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/25/2015

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: Pennsylvania

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:

This 79 year old woman sustained an industrial injury on 1/17/2013 due to a fall. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 10/9/2014. Diagnoses include cervical spine degenerative disc disease, cervical radiculopathy, low back pain, lumbar discogenic disease, sacroiliitis, right greater trochanteric bursitis, and cervical facet pain. Treatment has included physical therapy and medications. Progress notes from August 2014 to March 2015 were submitted. Norco and zolpidem were prescribed since August 2014. A Qualified Medical Examination on 8/8/14 includes a review of records that notes that Norco was prescribed in October 2013. MRI of the lumbar spine on 6/27/13 was noted to show disc osteophyte ridging at L4-5 and L5-S1 with mass effect on the corresponding exiting right L4 and L5 nerve roots and contact of the right L5 nerve root at the level of the neural foramen. MRI of the right hip on 3/4/13 was noted to show findings consistent with right greater trochanteric bursitis and possible early bursitis on the left. MRI of the lumbar spine (date unspecified) was noted to show enlarged herniated disc at L4-5 and L5-S1. It was noted in January 2015 that the injured worker had been authorized to see a neurosurgeon but that the time for her to be seen had expired, and reauthorization was requested. Work status was noted as totally disabled until February 2015. Physician notes on a PR-2 dated 3/23/2015 show complaints of persistent low back pain rated 8/10 with hip and right leg pain. Right hip region pain was noted to be getting progressively worse. Examination showed no joint swelling and stiffness, spasms in the lumbar paraspinal muscles with tenderness in the lumbar facet joints and right greater trochanter bursal region, with positive Patrick test on the right, and normal lower extremity sensation and strength.

It was noted that neurosurgical consultation was authorized. X-rays and neurosurgical consultation were requested. Work status was noted as modified work. Urine drug screens in September, October, November and December 2014 were reported as inconsistent with prescribed medications. A urine drug screen on 1/12/15 was positive for hydrocodone and norhydrocodone which was consistent with prescribed medications, and positive for morphine which was noted to be inconsistent with prescribed medications. On 3/31/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: This injured worker has chronic hip and back pain. Norco has been prescribed for at least 7 months, since August 2014, and possibly for more than one year. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There was no discussion of functional goals. It was unclear if the injured worker had returned to work. No opioid contract was discussed. Multiple urine drug screens were reported as inconsistent with prescribed medications and these findings were not adequately addressed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. As currently prescribed, Norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

DME: purchase of 1/4 inch right heel lift: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ankle and foot chapter: orthotic devices, ankle foot orthosis.

Decision rationale: This injured worker has chronic hip and back pain, with diagnoses of trochanteric bursitis and lumbar disc disease. The ODG states that orthotic devices are recommended for plantar fasciitis and for foot pain with rheumatoid arthritis. An ankle foot orthosis is recommended as an option for treatment of foot drop. The reason for prescription of the heel lift was not discussed by the treating physician. Due to lack of specific indication, the request for DME: purchase of 1/4 inch right heel lift is not medically necessary.

X-ray of the bilateral hips: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter: x-ray.

Decision rationale: The ODG states that plain radiographs of the pelvis should routinely be obtained in patients sustaining a severe injury, and that x-rays are also valuable for identifying patients with a high risk of development of hip osteoarthritis. Plain radiographs and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity. X-rays are not as sensitive as CT in detection of subchondral fractures in osteonecrosis of the femoral head. Plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90% sensitive. In this case, the injured worker had chronic hip pain. Previous MRI of the right hip in 2013 showed trochanteric bursitis. The injured worker reported ongoing and worsening hip and leg pain with positive Patrick's test on examination. Due to advanced age and ongoing symptoms, this injured worker would be at risk of hip osteoarthritis and as such, x-ray is indicated. The Utilization Review determination states that the imaging studies were already authorized. As such, the request for x-ray of the bilateral hips is medically necessary.

X-ray of the lumbar spine (five (5) views): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: radiography (x-rays).

Decision rationale: The ACOEM low back chapter notes that for acute lumbar strain, no tests are indicated for 4-6 weeks; for lumbosacral nerve root compression with radiculopathy, no tests are indicated for 4-6 weeks unless compression is severe or progressive. Lumbar spine x-

rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks, but may be appropriate when the physician believes it would aid in pain management. The ODG states that routine x-rays are not recommended in the absence of red flags for serious spinal pathology. The ODG lists specific indications for imaging with plain x-rays. This injured worker has chronic low back pain. Two MRI scans of the lumbar spine were previously noted, with the most recent scan dated 10/9/14. No re-injury was noted since the performance of the most recent MRI. There was no documentation of red flags for serious spinal pathology. As such, the request for X-ray of the lumbar spine five (5) views is not medically necessary.

Outpatient neurological consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: office visits.

Decision rationale: The documentation from the physician and the Utilization Review determination both state that this request is for neurosurgical consultation. The Utilization Review determination states that the neurosurgical consultation was authorized on 6/11/14 and that an extension of the authorization was given on 2/18/15. The ACOEM states that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. This injured worker has chronic low back pain, which has not improved with conservative treatment. Imaging studies were noted to show lumbar disc disease with compression of the right L4 and L5 nerve roots. As such, the request for neurosurgical consultation is medically necessary.