

Case Number:	CM14-0143850		
Date Assigned:	09/12/2014	Date of Injury:	02/27/2003
Decision Date:	10/07/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 61 year-old patient sustained an injury on 2/27/2003 while employed by [REDACTED]. Request(s) under consideration include Magnetic Resonance Imaging (MRI) of The Lumbar Spine and A Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills. Diagnoses include lumbar disc displacement without myelopathy; cervical disc disorder with myelopathy. Report of 2/19/14 from the provider noted patient with severe pain; medications help control pain by 60%. Exam showed left lumbar spasm at L5-S1; positive SLR of 60 degrees; decreased Achilles reflexes; limited lumbar flexion; cervical flexion/ extension limited; radicular pattern down outside of arms. Medications list Hydrocodone with 5 refills; tramadol with 5 refills. The patient was MMI and retired with plan for medication refills and new MRI lumbar spine. Report of 4/16/14 from the provider had identical symptom complaints and clinical findings. Report of 8/20/14 from the provider again noted the patient with severe ongoing lower back pain relieved by Carisoprodol and Tramadol. Exam was unchanged and showed lumbar spine with left spasm; positive SLR at 60 degrees on left; decreased DTR at Achilles; tenderness of paraspinals; decreased lumbar flexion and cervical flex/extension with radicular pattern down outside of arms. The request(s) for Magnetic Resonance Imaging (MRI) of The Lumbar Spine was non-certified and A Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills was modified for one prescription of #40 for weaning on 8/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of The Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: This 61 year-old patient sustained an injury on 2/27/2003 while employed by [REDACTED]. Request(s) under consideration include Magnetic Resonance Imaging (MRI) of The Lumbar Spine and A Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills. Diagnoses include lumbar disc displacement without myelopathy; cervical disc disorder with myelopathy. Report of 2/19/14 from the provider noted patient with severe pain; medications help control pain by 60%. Exam showed left lumbar spasm at L5-S1; positive SLR of 60 degrees; decreased Achilles reflexes; limited lumbar flexion; cervical flexion/extension limited; radicular pattern down outside of arms. Medications list Hydrocodone with 5 refills; tramadol with 5 refills. The patient was MMI and retired with plan for medication refills and new MRI lumbar spine. Report of 4/16/14 from the provider had identical symptom complaints and clinical findings. Report of 8/20/14 from the provider again noted the patient with severe ongoing lower back pain relieved by Carisoprodol and Tramadol. Exam was unchanged and showed lumbar spine with left spasm; positive SLR at 60 degrees on left; decreased DTR at Achilles; tenderness of paraspinals; decreased lumbar flexion and cervical flex/extension with radicular pattern down outside of arms. The request(s) for Magnetic Resonance Imaging (MRI) of The Lumbar Spine was non-certified and A Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills was modified for one prescription of #40 for weaning on 8/30/14. ACOEM Treatment Guidelines for the Lower Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies such as the requested MR (EG, Proton) spinal canal and contents, Lumbar without contrast, include Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports for this chronic injury have not adequately demonstrated the indication for MRI of the Lumbar spine nor document any specific changed clinical findings to support this imaging study. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The Magnetic Resonance Imaging (MRI) of The Lumbar Spine is not medically necessary and appropriate.

A Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids and Weaning of Medications.

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

Decision rationale: This 61 year-old patient sustained an injury on 2/27/2003 while employed by [REDACTED]. Request(s) under consideration include Magnetic Resonance Imaging (MRI) of The Lumbar Spine and A Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills. Diagnoses include lumbar disc displacement without myelopathy; cervical disc disorder with myelopathy. Report of 2/19/14 from the provider noted patient with severe pain; medications help control pain by 60%. Exam showed left lumbar spasm at L5-S1; positive SLR of 60 degrees; decreased Achilles reflexes; limited lumbar flexion; cervical flexion/extension limited; radicular pattern down outside of arms. Medications list Hydrocodone with 5 refills; tramadol with 5 refills. The patient was MMI and retired with plan for medication refills and new MRI lumbar spine. Report of 4/16/14 from the provider had identical symptom complaints and clinical findings. Report of 8/20/14 from the provider again noted the patient with severe ongoing lower back pain relieved by Carisoprodol and Tramadol. Exam was unchanged and showed lumbar spine with left spasm; positive SLR at 60 degrees on left; decreased DTR at Achilles; tenderness of paraspinals; decreased lumbar flexion and cervical flex/extension with radicular pattern down outside of arms. The request(s) for Magnetic Resonance Imaging (MRI) of The Lumbar Spine was non-certified and A Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills was modified for one prescription of #40 for weaning on 8/30/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Prescription of Hydrocodone 7.5 MG/Acetaminophen 325 MG #60 with 3 Refills is not medically necessary and appropriate.