

Case Number:	CM13-0027644		
Date Assigned:	03/14/2014	Date of Injury:	04/05/2011
Decision Date:	04/15/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/14/2013

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 Texas. 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:

The patient is a 41 year old male that reported an injury on 04/23/2013. The mechanism of injury was reported as the patient was hit by a motorcycle. The patient was seen on 08/16/2013 with complaints of low back pain that radiated to the left posterior thigh. On that day, the patient had a positive left leg straight leg raise, flexion was at 4 degrees and hyper-extension was to 5 degrees. The pain was rated at a 6-8/10 on pain scale. The pain radiated down to the left leg to behind the left knee, with numbness and tingling at times. On examination, it was noted that the patient had tenderness in the mid lumbar region. Sensory was grossly intact to soft touch in the dermatomes of L3-S1. The patient had 4 months of ongoing pain with failed conservative treatments of physical therapy, analgesics and rest.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco)..

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

Decision rationale: The MTUS/ACOEM Guidelines states that an MRI may be useful in isolating diagnoses that do not lend themselves to back surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. The patient has a left leg positive straight leg, flexion at 4 degrees and hyper-extension to 5 degrees. The pain was rated at a 6-8/10 on pain scale. The pain radiated down to the left leg to behind the left knee, with numbness and tingling at times. On examination it was noted that the patient has tenderness in the mid lumbar region. Sensory was gross intact to soft touch in the dermatomes of L3-S1. The patient had 4 months of ongoing pain with failed conservative treatments of physical therapy, analgesics and rest, per the clinical note dated 08/16/2013. The physician noted as part of the assessment, the patient has lumbar radiculopathy; left leg with dermatomal distribution of pain with decreased sensation to soft touch, as well as decreased reflex on the left side. The MD noted that the mechanism of injury was consistent with the patient's symptoms of lumbar radiculopathy. Therefore the request 1 prescription of Norco 10/325mg # 120 is medically necessary and appropriate.