

<b>Case Number:</b>	CM13-0038211		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	01/24/2001
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 physician 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 is a female patient who reported an injury on 10/24/2001. The patient was reportedly injured when a stack of supplies fell on her head from an overhead shelf. There is no clinical documentation submitted for this review. Therefore, there is no evidence of a recent physical examination. The patient's current diagnosis is cervical spondylosis without myelopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, table 12-8 pg 309,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC, acute & chronic Lumbar and Spine complaints MRI's

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause, including MRI for neural or other soft tissue abnormality. There was no clinical documentation submitted for this review.

Therefore, there is no evidence of a recent physical examination with documentation of tissue insult or nerve impairment to warrant the need for an MRI. There is also no documentation of a failure to respond to conservative treatment prior to the request for an imaging study. The medical necessity has not been established. Therefore, the request is non-certified.

**Norco 10/325mg every 6 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 80-81..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (2009), Page(s): 78.

**Decision rationale:** The current request is not supported. There was no clinical documentation submitted for review in support of the current request. California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). Without documentation assessing the patient's reports of efficacy with her current medication regimen including Norco 10/325 for her pain complaints, as noted by a decrease in rate of pain on a VAS scale and increase in objective functionality, the request for Norco 10/325mg every 6 hours as needed DOS 9/24/2013 Qty: #60 is neither medically necessary nor appropriate.