

Case Number:	CM13-0041374		
Date Assigned:	12/20/2013	Date of Injury:	02/05/2009
Decision Date:	02/24/2014	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 a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in Texas. 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 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. 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 39-year-old male who reported an injury on 02/05/2009. The mechanism of injury was a motor vehicle accident. The patient's initial injuries included a fractured pelvis, fracture of 3 ribs, torn spleen and liver, and ruptured bladder. He received pelvic surgery and had 8 weeks of postoperative physical therapy. The patient has received multiple treatments and has been able to maintain his pain at an acceptable level through the use of medications and acupuncture. The patient is noted to have received a lumbar MRI on 02/13/2012 that revealed a compression fracture at L-3 and mild to moderate neural foraminal narrowing at L4-5; however, L5-S1 could not be adequately visualized secondary to the metallic artifact from previous pelvic surgery. A CT scan performed on 02/13/2009 reported a moderate disc protrusion at L5-S1. The patient's current medications include Norco 10/325 mg, 1 tablet 2 to 3 times a day as needed for pain; and OxyContin 20 mg, 1 tablet daily as needed for pain. The patient received lumbar x-rays on 09/11/2013 that revealed no instability between vertebrae, however, at the L5-S1 level, he was nearly "bone on bone". The clinical note dated 09/11/2013 stated that the reason the flexion/extension x-rays of the lumbar spine were performed, was because they were requested from a Dr. Brose prior to entrance into a multidisciplinary program. These notes from [REDACTED] were not provided in the medical records. There was no other pertinent information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for 1 x-rays of the lumbar spine (flexion/extension): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines do not recommend imaging of the lumbar spine in absence of red flags, even if the pain has persisted for at least 6 weeks. Guidelines also state that an imaging study may be appropriate for a patient whose limitations due to consistent symptoms, have persisted for 1 month or more, to further evaluate the possibility of potentially serious pathology, such as a tumor. However, the patient had record of current diagnostic studies to include lumbar CT and MRI. Also, the clinical notes from the physician that requested the lumbar series were not available for review; and therefore, the reasons for ordering the series cannot be determined as medically necessary. As such, the request for 1 x-ray of the lumbar spine (flexion/extension) is non-certified.

Decision for unknown prescription of Norco: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS/ACOEM Guidelines recommend that pain assessments should be performed at each clinical visit and functioning should be measured at 6 month intervals when patients are on an opioid medication regimen. Pain assessment should include the patient's current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Medication compliance should also be measured by using random urine drug screens. The medical records submitted for review did not provide any pain level or discussion on the efficacy of the medication in relation to the patient's pain. There was also no current functional ability testing using a numerical scale or validated instrument, and there was no inclusion of a current urine drug screen. Furthermore, there was no dosage, frequency, or quantity of medication desired in the contents of the request. As such, the medication efficacy and medical necessity of the request cannot be determined, and the request for an unknown prescription of Norco is non-certified.