

<b>Case Number:</b>	CM13-0058445		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 Neurosurgery, 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:

The patient is a 47 year old male who sustained an injury on 10/03/12 and has been followed for complaints of pain in the left forearm and wrist as well as moderate to severe low back pain radiating to the right lower extremity. Prior treatment has included physical therapy for the low back as well as occupational therapy for the left wrist and forearm. Based on the physical therapy report from 09/18/13, the patient did not make any substantial improvement in regards to lumbar range of motion. There was noted worsening of lumbar flexion and no substantial change with side bending. The patient continued to describe weakness in the lower extremities. There was also a decreased ability to tolerate walking, sitting, or standing. The patient was seen by [REDACTED] on 09/26/13 with continuing complaints of low back pain radiating to the bilateral thighs with associated numbness and tingling. The patient was also utilizing Norco 10/325mg up to 4 times daily for pain. On physical examination, there continued to be tenderness to palpation and spasms in the lumbar paravertebral musculature. Range of motion was also restricted in the lumbar spine. There were requests for urine drug screens for compliance of Norco. The patient was recommended to continue with physical therapy. A urine drug screen report from 10/01/13 noted negative findings for any narcotic medications. This was a confirmatory test. The patient continued therapy through October of 2013. Follow up on 11/08/13 with [REDACTED] stated the patient continued to have pain at 7-8/10 on the VAS which was reduced to 4/10 with the use of Norco. On physical examination, there continued to be tenderness to palpation in the lumbar spine from L3 to S1 with positive straight leg raise to the right reproducing radicular symptoms in the thigh. There continued to be loss of lumbar range of motion. The requested MRI of the lumbar spine as well as Norco 10/325, quantity 120 was non-certified by utilization review as there was no evidence of specific radiculopathy on physical examination to support MRI studies. There was also no documentation regarding any drug weaning intolerance.

## 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:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS/CRITERIA FOR USE Page(s): 108-130.

**Decision rationale:** In regards to the request for Norco 10/325mg, quantity 120, the clinical documentation provided for review does not substantiate the request per guideline recommendations. Guidelines do recommend continuation of opioid medications when there is documented improved functioning and reduction of pain. In this case, there is 1 report from November of 2013 indicating improved pain scores with the use of Norco; however, the patient's prior urinary drug screen results showed negative findings for any narcotics usage. The clinical documentation did not address this inconsistent finding. Furthermore, the clinical documentation did indicate there were recommendations for weaning and there was no further evidence to establish that the patient was intolerant to any drug weaning as of November of 2013. No additional clinical information beyond November of 2013 was available for review to address the prior reviewer's concerns. Therefore, it is this reviewer's recommendation that the requested Norco 10/325mg, quantity 120 is not recommended as medically necessary at this time.

### **1 MRI OF THE LUMBAR SPINE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53.

**Decision rationale:** In regards to the request for an MRI of the lumbar spine, the patient's physical examination findings did not identify a clear progressive or severe neurological deficit in the lower extremities that would warrant MRI studies per guideline recommendations. There were no red flag findings noted on physical examination or any evidence of specific motor weakness, sensory deficit, or reflex changes that would indicate possible pathology in the lumbar spine that would require imaging to clarify nerve root compression. As the clinical documentation did not include any further physical examination findings after November of 2013 to address the prior reviewer's concerns, it is this reviewer's opinion that medical necessity for the requested MRI study is not established at this time.