

<b>Case Number:</b>	CM13-0066220		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 38 year old woman who sustained a work-related injury about 14 years ago. As a result of this injury, she has been diagnosed with chronic lumbar strain, chronic cervical strain, multiple cervical disc bulges. In the past, she has also gotten care from a chiropractor. She has had one epidural steroid injection, and also had physical therapy sessions. She has had several MRI's in the past. The most recent one from 2012 showed posterior disc herniation of 2-3 mm at L2-L3, 2 mm at L4-L5, and 3-4 mm at L5-S1. In the past, she has been prescribed Norco 10/325 mg one tab bid, Elavil 50 mg, and Neurontin 300 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, #60:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain guidelines indicate opioids for chronic back pain show limited efficacy beyond 16 weeks of use. The lifetime substance abuse after chronic use of opioid is 36 to 56%. The guidelines require a documented plan for therapy with documentation

of goals such as pain reduction and functional improvement. The employee has taken Norco for several months in 2013. There is no indicated of functional improvement or a plan for therapy with Norco that includes goals. Therefore, Norco 10/325 #60 is not medically necessary.

**1 MRI OF THE CERVICAL SPINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-189.

**Decision rationale:** The above cited guidelines state that "MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure". In this case, there has already been past MRI which have been used for diagnosis, and there is no indication in the medical record that the condition has changed or that there is preparation for a surgical procedure. Therefore, a cervical MRI is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

**Decision rationale:** The above cited guidelines state that an MRI for low back pain indicated for cauda equina, tumor, infection, or when a fracture is strongly suspected but plain films are negative. This employee does not meet any of those conditions. Furthermore, the guidelines state that and MRI is the test of choice in patients with prior back surgery. The employee has not had back surgery. It is not clear why the treating physician wants a repeat MRI, and the employee does not meet any of the criteria in the ACOEM guidelines. Therefore, an MRI of the lumbar spine is not medically necessary.