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| Case Number: | CM14-0001149 | | |
| Date Assigned: | 01/22/2014 | Date of Injury: | 07/05/2001 |
| Decision Date: | 04/15/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/03/2014 |

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 Preventative Medicine, 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 56-year-old male with a 7/5/01 date of injury. Subjective complaints include chronic low back pain, and objective findings include tenderness to palpation from L3-L5 facet joints, decreased lumbar range of motion with pain, positive straight leg raise on the right, 4/5 strength with plantar flexion and dorsiflexion, and decreased sensation in the right shin to the right foot. Current diagnoses include lumbar radiculopathy secondary to a disc bulge at L5-S1, status post L5-S1 microdiscectomy, and treatment to date has been Norco since at least 11/20/12, lumbar epidural steroid injections, lumbar surgery, home exercises, and physical therapy. In addition, medical reports identify that treatment with Norco provides the patient with 50% pain relief, allows him to increase his activities of daily living, and decrease his use of pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 5/325 MG # 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be certified with documentation that all prescriptions are from a single practitioner and are taken as directed, that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, in the absence of an increase in activity tolerance, and/or in the absence of a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy secondary to a disc bulge at L5-S1, status post L5-S1 microdiscectomy. In addition, there is documentation of ongoing treatment with Norco since at least 11/20/12 with 50% pain relief, functional benefit, an increase in activity tolerance, and a reduction in the use of medications. However, there is no documentation that the prescriptions are from a single practitioner and are being taken as directed. There is also no documentation that the lowest possible dose is being prescribed, and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, the request for Norco is not medically necessary.

1 BILATERAL L3-4 AND L4-5 FACET JOINT INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 309. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. The Official Disability Guidelines state that lumbar facet injections may be recommended with documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than two joint levels to be injected in one session. Within the medical information available for review, there is documentation of a diagnosis of lumbar radiculopathy secondary to a disc bulge at L5-S1, status post L5-S1 microdiscectomy. In addition, there is documentation of low-back pain at no more than two levels bilaterally, failure of conservative treatment (home exercise, physical therapy, and medication) prior to the procedure for at least 4-6 weeks, and no more than two joint levels to be injected in one session. However, given documentation of objective findings (4/5 strength with plantar flexion and dorsiflexion, and decreased sensation in the right shin to the right foot), there is no documentation of pain that is non-radicular. Therefore, based on guidelines and a review of the evidence, the request for facet joint injections is not medically necessary.

