

<b>Case Number:</b>	CM14-0001258		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/03/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 33-year-old male who has filed a claim for lumbar intervertebral disc disorder associated with an industrial injury date of October 03, 2013. Review of progress notes from October 2013 indicates mild low back pain without radiation. Findings include tenderness and spasm of the lumbar musculature, and limited range of motion of the lumbar spine. Utilization review from December 16, 2013 indicates that findings from November 2013 indicates radiation of low back pain down the left lower extremity with numbness up to the small toes, decreased sensation to the left S1. MRI of the lumbar spine dated November 08, 2013 showed left large paracentral and foraminal disc protrusion measuring up to 14mm with marked displacement of the traversing left S1 nerve root, effacement of the left anterolateral aspect of the thecal sac, severe left neuroforaminal stenosis at L5-S1, and mild-moderate right neuroforaminal stenosis at L5-S1. Treatment to date has included NSAIDs, opioids, muscle relaxants, topical analgesics, physical therapy, acupuncture, and chiropractic therapy. Utilization review from December 16, 2013 denied the requests for laminectomy at left L5-S1 as there is no documentation of failure of conservative therapy; Norco 10/325mg #90 as there is no indication that use of Ultram is inadequate; and Voltaren XR 100mg #60 as the efficacy of treatment for acute low back injuries has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO10/325 MG,QTY: 90:** 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; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation that the patient has used this medication. Patient is currently on tramadol/acetaminophen 37.5/325mg, ibuprofen 200mg, and orphenadrine ER 100mg. There is no documentation that the current medication regimen is inadequate as the patient reports only mild low back pain. Therefore, the request for Norco 10/325mg #90 was not medically necessary.

**VOLTAREN XR 100 MG, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-69.

**Decision rationale:** As stated on pages 67-69 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient is currently on ibuprofen, and there is no rationale as to why two NSAID medications are indicated at this time. The patient does not present with worsening of symptoms to necessitate additional pain medications. Therefore, the request for Voltaren XR 100mg #60 was not medically necessary.

**LAMINECTOMY AT LEFT L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Discectomy/laminectomy.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for discectomy/laminectomy include objective findings of radiculopathy; imaging study showing nerve root compression, lateral disc rupture, or lateral recess stenosis; and evidence of conservative treatment including activity modification >2 months, drug therapy, and support

provider referral such as physical therapy, manual therapy, or psychological screening. In this case, the submitted progress notes do not document symptoms or findings of radiculopathy. Previous utilization review notes that the progress note from November 2013 indicates L5-S1 radiculopathy. However, there is no documentation of failure of conservative management to support a surgical intervention at this time. Patient has been authorized to undergo lumbar epidural steroid injection and documentation of derived benefits, or lack of benefits, is not available. Therefore, the request for laminectomy at left L5-S1 was not medically necessary.