

Case Number:	CM14-0001528		
Date Assigned:	01/22/2014	Date of Injury:	05/01/2006
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/04/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 54-year-old female who reported an injury on 05/01/2006. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 12/03/2013 reported the injured worker complained of having persistent pain. The injured worker reported pressure-type sensation with her bowel movement and it was uncomfortable. The injured worker reported numbness in her groin. The injured worker noted symptoms had been getting worse. On the physical examination, the provider indicated the injured worker to have a brisk reflex of the patella and Achilles and they were symmetric. The provider also noted bilateral calves measured 40 cm and symmetric. The provider noted the injured worker to be limping, favoring the left lower extremity. The injured worker has diagnoses of lumbar discectomy at L2-L3, on 02/24/2010, prior history of effusion at L5-S1 on 03/2008, chronic neck pain, and status post right knee arthroscopic surgery in 08/2010, depression. The provider requested Norco 10/325 mg and a lumbar epidural steroid injection. The request for Norco was provided and submitted on 12/12/2013. The request for the lumbar epidural steroid injection was not provided in the documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines On-Going Management Page(s): 78-79.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The injured worker complained of persistent pain. The injured worker complained of pressure-type sensation with her bowel movement and it was uncomfortable. The injured worker complained of numbness in her groin, with symptoms getting worse. The Chronic Pain Medical Treatment Guidelines, recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines note the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. The documentation lacks evidence of the medication provided and the desired effect for the injured worker. Additionally, the use of the urine drug screen was not provided in the documentation submitted. The provider failed to provide the quantity to be dispensed to the injured worker. Therefore, the request for Norco 10/325 mg is not medically necessary.

LUMBAR EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12, LOW BACK COMPLAINTS, 300, 309

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections Page(s): 46-47.

Decision rationale: The request for lumbar epidural steroid injection is not medically necessary. The injured worker complained of persistent pain. The injured worker complained of pressure-type sensation with her bowel movement and it was uncomfortable. The injured worker complained of numbness in her groin, which was reported to be getting worse. The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. The guidelines note radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electro diagnostic testing. The guidelines note unresponsiveness to conservative treatment including exercise, physical methods, NSAIDs, and muscle relaxants. The guidelines note injections should be performed using fluoroscopy for guidance. The guidelines recommend a second epidural injection if there is at least 50% pain relief with an associated reduction of medication use for 6 to 8 weeks. There is a lack of objective findings indicating the injured worker to have radiculopathy. There is a lack of documentation indicating the injured worker to have failed conservative treatment. The did not

include the level of the epidural steroid injection. Therefore, the request for lumbar epidural steroid injection is not medically necessary.