

Case Number:	CM14-0102911		
Date Assigned:	07/07/2014	Date of Injury:	10/02/2009
Decision Date:	08/01/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 38 year old female who sustained a work related injury on 08/27/2007 to her bilateral lower extremity, sciatic nerve and lumbar spine as result of being struck by a vehicle driven by patrons at the bar she worked as a bartender who were 'dining and dashing'. The patient was hit on the front side of her body and had her back twisted. On Oct 2, 2009, the patient slipped and fell onto wet flooring at her place of employment. She tried to catch herself from falling with her right arm, but she ended up landing on her buttocks while holding the counter with her arm. This caused immediate pain in her right arm and lower back. Since then, she has experienced lumbar and bilateral lower extremity pain with radiculopathy. She reports lower back pain radiating into the right lower extremity with numbness and weakness. She reports difficulty in bending, stooping, squatting, and prolonged standing and sitting. Additionally, she complains of significant right shoulder pain with decreased range of motion, weakness and numbness in her right arm. Her symptoms are exacerbated by lifting, pushing, and pulling objects with her right arm. She underwent an electromyography (EMG) on 12/11/2007 that was found 'Normal NCV / SSEP of the lower extremities. Normal EMG of the lumbar spine and lower extremities'. On 06/09/2011, she underwent another EMG study that was found to be normal of the upper and lower extremities. An MRI of the lumbar spine identifies a L3-4 2mm disc protrusion with no evidence of nerve root compromise, annular tearing or fissuring. A repeat MRI on 03/05/2013 identifies the before mentioned disc protrusion, as well as a corresponding mild spondylosis at the same level and a 2mm posterior L5-S1 disc bulge. The patient has been on Norco since 11/27/2007 as part of her treatment regimen. She has also undergone a series of 2 lumbar epidural steroid injections (ESI's) without any pain relief, physical therapy, chiropractic care, use of a transcutaneous electric nerve stimulation (TENS) unit, as well as other medicinal

(Neurontin, Anaprox) for pain. The patient has undergone a 3 shot series of cortisone to the right shoulder while awaiting right shoulder surgery. In dispute is a decision for Norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75,88,91.

Decision rationale: Based on the significance of the patient's injury, and according to the provided documentation, the patient is awaiting an authorized right surgical repair procedure. The current request is therefore justified to provide adequate pain management. As such, the request is medically necessary and appropriate.