

<b>Case Number:</b>	CM14-0108144		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/13/2001
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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:

This is a 65-year-old female patient with a 7/13/01 date of injury. The exact mechanism of injury has not been described. A progress report dated on 5/30/14 indicated that the patient complained of pain that radiated to the left leg to the posterior thigh and calf to the plantar foot. She reported that her pain was 4/10 with medication and 8/10 without medication. Physical exam demonstrated weak left great toe dorsiflex and absent Achilles reflex on the left. Last MRI on 10/2011 revealed "spinal stenosis 3 levels". She was diagnosed with Lumbar spine stenosis with neurogenic claudication and Lumbar or lumbosacral intervertebral disc degeneration. Treatment to date: medication management. There is documentation of a previous 6/9/14 adverse determination. The MRI was not certified based on the fact that indiscriminating imaging would result in false positive findings that were not a source of painful symptoms. Norco was not certified, because there was evidence to attempt the use of other analgesic medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI).

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. The patient presented with the pain radiating to the left leg. Her last MRI on 10/2011 revealed "spinal stenosis 3 levels". However, it was not specified in which level was the stenosis. In addition, there was no evidence of exacerbation of the patient's condition, since her last MRI. Therefore, the request for MRI of lumbar spine was not medically necessary.

**Norco 5-325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/APAP Page(s): 82-8, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there was no documentation of lack of adverse side effects or aberrant behavior. There was no documentation of urine drug screen tests available in the medical records to demonstrate appropriate medication use, CURES monitoring, or an opiate pain contract. Therefore, the request for Norco 5-325 mg #90 was not medically necessary.