

Case Number:	CM14-0123737		
Date Assigned:	08/08/2014	Date of Injury:	02/05/2006
Decision Date:	10/02/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/04/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 42-year-old female with a date of injury of 02/05/2006. The listed diagnoses per [REDACTED] are: 1. Diskogenic lumbar condition, bulging at L4-L5 and L5-S1.2. Elements of anxiety, depression, sleep disorder, and sexual dysfunction. According to progress report 07/08/2014, the patient presents with low back pain that is constantly at 6/10. She uses Norco for pain which helped decrease her pain level. She is currently not working and receiving disability. She manages to do light house chores and help her teenage children. Examination revealed "blood pressure is 107/85 and pulse is 75. The patient is not in acute distress. She is asymptomatic. She is a very pleasant lady. Lumbar flexion to 35 degrees and extension to 10 degrees." The treater would like a repeat MRI of the lumbar spine for further evaluation and refill of Norco 10/325 for pain. Utilization review denied the request on 07/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols) has the following:

Decision rationale: This patient presents with low back pain. The treater is requesting a repeat MRI of the lumbar spine to "evaluate the low back due to constant persistent pain." Review of the medical file indicates the patient underwent an MRI (date unknown) which showed protrusion at L4-L5 and facet changes and bulging at L4-L5. EMG studies from March 2011 showed "weak findings of S1 radiculopathy bilateral due to absence of H-reflexes." The MRI and EMG testings were not provided for review. For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." In this case, the treater would like an updated MRI for patient's continued pain. However, examination findings do not confirm neurologic deficits such as weakness, reflex changes, etc. Furthermore, there are no red flags, significant changes in exam, or new location of symptoms to require additional investigation. Recommendation is for denial.

1 prescription for Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Page(s): 88-89.

Decision rationale: This patient presents with low back pain. The treater is requesting a refill of Norco 10/325 mg #120. Treater states patient takes Norco intermittently for her continued pain and is able to help her teenage children and do light house chores. Review of the medical file indicates the patient has been taking this medication since 1/15/2014. The MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater has documented some improvement with Norco, but does not provide outcome measures, discussion of possible aberrant behaviors or adverse effects when taking this medication. Furthermore, the treater does not provide a urine drug screen as required by MTUS for chronic opioid usage. Recommendation is for denial.