

Case Number:	CM14-0150756		
Date Assigned:	09/19/2014	Date of Injury:	04/03/2013
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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 58 year old patient had a date of injury on 4/3/2013. The mechanism of injury was not noted. In a progress noted dated 7/28/2014, the patient complains of numbness of left arm for past 2 weeks. He complains of low back pain radiating to bilateral calves with numbness and tingling. He also complains of left shoulder pain with popping and clicking. On a physical exam dated 7/28/2014, there was tenderness to palpation over the paraspinal musculature and trapezius muscle. Compression test is positive eliciting radiating symptoms to left upper extremity. There is decreased sensation along the C5 through C7 dermatomes, as well as L5-S1 dermatomes. The diagnostic impression shows cervical musculoligamentous sprain/strain with severe degenerative disc disease at C3-C7, with left extremity radiculitis, with mild left neuroforaminal stenosis at C5-C7 on X-rays dated 4/21/2013. Treatment to date: medication therapy, behavioral modification. A UR decision dated 8/21/2014 denied the request for Norco 10/325 #120, stating that weaning was initiated on 5/1/2014 to 23 tablets on 7/1/2014, and weaning should be complete. Pain management consultation for cervical and lumbar epidural steroid injections and or facet blocks with possible rhizotomy was denied, stating only 1 pain management consultation is certified with no treatment since this patient continues to suffer despite trials of chiropractic, physical therapy, acupuncture and medical management.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 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. In the 7/28/2014 progress report, there was no clear documentation of functional improvement noted with the opioid regimen. The patient continues to suffer severely from chronic left shoulder and lower back pain. Furthermore, there was no evidence of urine drug screens provided for review. Therefore, the request for Norco 10/325 #120 was not medically necessary.

1 Pain management consultation for cervical and lumbar epidural steroid injections and/or facet blocks with possible rhizotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 127,156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In the 7/28/2014 progress report, there was no level provided for the requested epidural steroid injections, both at the lumbar and cervical level. The facet block levels were also not provided. Furthermore, an authorization for an EMG/nerve conduction study was being requested for the upper left extremity to assess for radiculopathy. Guideline criteria for epidural injections and facet blocks would mutually exclude concurrent administration. Therefore, the request for pain management consultation for cervical and lumbar epidural steroid injections and/or facet blocks with possible rhizotomy was not medically necessary.