

Case Number:	CM14-0157610		
Date Assigned:	10/24/2014	Date of Injury:	08/17/2007
Decision Date:	12/03/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/25/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 59 year male old who was injured on 8/17/2007. The diagnoses are lumbar radiculitis, status post lumbar surgery and low back pain. The past surgery history is positive for a recent lumbar laminectomy /fusion surgery. There are associated diagnoses of anxiety and stress. The patient was also investigated for gastritis secondary to the use of NSAIDs and treated for hiatal hernia. On 7/14/2014, there was subjective complaint of a pain score of 9/10 on a scale of 0 to 10. There were objective findings of decreased range of motion, positive straight leg raising test and tenderness of the lumbar paraspinal muscles. On 8/5/2014, [REDACTED] noted that the patient was performing only home exercises because the post- surgery PT that was requested was denied by insurance carrier. The patient was still complaining of significant low back pain radiating down to both lower extremities with associated numbness and tingling sensations. A Utilization Review determination was rendered on 8/28/2014 recommending non-certification for prospective usage for Norco 10/325mg #60 and follow -up evaluation with pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with a pain management specialist (lumbar): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 87-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that patients can be referred for specialist treatment if the medical condition is complex or an additional expertise opinion can facilitate in the treatment and recovery of the patient. The records indicate that the patient completed a recent lumbar fusion and laminectomy surgery but there was no improvement in subjective or objective findings relating to the low back pain. The patient was not authorized to completed post -surgery physical therapy program. The pain score had remained consistently high. The physical functions have not improved. The patient is now a failed back syndrome stage. A consultation and follow-up visit with pain management is necessary to determine alternative methods of treatments such as medication, PT and interventional pain procedures. The criteria for Pain Management specialist evaluation follow-up were met. Therefore, this request is medically necessary.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized in the treatment of severe musculoskeletal pain when NSAIDS, PT or surgery cannot be tolerated or have failed. The records indicate that the patient completed a recent lumbar fusion and laminectomy surgery but there was no improvement in subjective or objective findings relating to the low back pain. The patient was not authorized to completed post -surgery physical therapy program. The pain score had remained consistently high. The physical functions have not improved. The patient is now a failed back stage status. The patient cannot tolerate NSAIDS because of a history of gastrointestinal disease conditions. There is no aberrant drug behavior or opioid medication adverse effect reported. The criteria for Norco 10/325mg #60 were met. Therefore, this request is medically necessary.