

Case Number:	CM14-0166310		
Date Assigned:	10/13/2014	Date of Injury:	07/14/2011
Decision Date:	11/17/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; anxiolytic medications; various interventional spine procedures, including SI joint injections; unspecified amounts of physical therapy over the course of the claim; a cane; and extensive periods of time off of work. In a Utilization Review Report dated September 27, 2014, the claims administrator partially approved a request for Norco and denied a request for Medrol Dosepak. The claims administrator invoked non-MTUS ODG Guidelines to deny the Medrol Dosepak, despite the fact that the MTUS addresses the topic. In an October 14, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the buttocks. The applicant was using Norco, Relafen, Neurontin, and extended release Ultram. The applicant was not working, it was acknowledged. The applicant was continuing to smoke. The attending provider appealed the previously denied sacroiliac joint injection. Norco was renewed. The attending provider stated that ongoing Norco usage had proven beneficial but did not elaborate on the extent of the same. In a September 18, 2014 progress note, the applicant reported persistent complaints of low back pain, 9/10. The applicant stated that Ultram was not ameliorating his pain. The applicant stated that his pain scores were 9/10. The applicant was using Norco, Neurontin, and Ultram. The applicant's low back pain was described as radiating into the buttock region. 5/5 lower extremity strength was noted. The applicant had sacroiliac discomfort. Authorization was sought for sacroiliac joint injection therapy. Norco and Medrol were endorsed. The attending provider stated that he was employing Medrol for his aggravated low back pain and bilateral lower extremity weakness. The attending provider then reported in the objection section of the report that the applicant had 5/5 strength in all limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #9: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider has failed to outline the presence of any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. The applicant's continued complaints of 9/10 pain on a September 18, 2014 office visit and difficulty ambulating, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Medrol Dosepak #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8 308.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, oral corticosteroid injections such as Medrol are deemed "not recommended." In this case, the attending provider's documentation and rationale for selection of Medrol was, at best, incongruous. The attending provider stated that the applicant had sacroiliac pain complaints in one section of the note. In another section, the attending provider stated that the applicant had lower extremity weakness for which Medrol was being employed. Then, the attending provider went on to report 5/5 lower extremity strength in all limbs. The request, thus, was not indicated both owing to the incongruous supporting documentation as well as owing to the unfavorable ACOEM position on usage of oral corticosteroids. Therefore, the request is not medically necessary.