

Case Number:	CM14-0035690		
Date Assigned:	06/23/2014	Date of Injury:	03/30/2010
Decision Date:	07/25/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/24/2014

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 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 injured worker is a 64 year old male who had a work related injury on 03/30/2010. The injured worker was injured while incarcerated with the [REDACTED] and working as a porter on the date of injury. He was bending over to dump a bucket of water and felt immediate pain in his lower back. He states that his supervisor brought him a wheelchair and he was taken to the onsite nurse. He was told that nothing was wrong with him although he states his pain increased with time and he notified the onsite medical personnel but nothing was done. He remained in a wheelchair until June 2010 and was given a walker in late 2011. The injured worker was released from incarceration in February 2012 and he sought medical care from the [REDACTED] and was told that nothing could be done for him. He did have a previous injury in 1994 while working as a welder he injured his low back, he was sent for treatment which included chiropractic care and magnetic resonance imaging. Surgery was discussed but not carried out. He was taken off work for approximately 2-3 years. Magnetic resonance imaging of the lumbar spine dated 02/26/13 showed L3-4 disc desiccation and a 1-2 mm bilateral paracentral disc bulge with a left lateral annular tear. At L4-5, disc desiccation with a 2-3 mm posterior disc bulge with narrowing of the canal and neural foramina. Bilateral facet arthropathy and bilateral hypertrophy of the ligamentum flavum 1-2 mm anterior subligamentous extension of the disc. L5-S1 a 2-3 mm diffuse posterior disc bulge with narrowing of the anterior thecal sac and minimal narrowing of the canal and neural foramina. Bilateral facet arthropathy is noted at this level as well. There is also a grade 1 spondylolisthesis of L4 on L5 with moderate lateral recess stenosis at L4-5 and mild narrowing at L5-S1. electromyogram/nerve conduction velocity dated 06/18/13 revealed chronic left L4-5 radiculopathy and chronic right L4 radiculopathy. X-rays dated 08/12/13 showed coronal imbalance toward the right. There is moderately severe disc height loss at L5-S1 and mild at L4-

5 with grade 1 spondylolisthesis at L4-5. Urine toxicology screen dated 11/12/13 was positive for hydrocodone, norhydrocodone and acetaminophen. Flexion/extension views of the lumbar spine dated 01/14/14 showed moderately severe disc height loss at L4-5 and L5-S1. Multiple disc degeneration with anterior osteophytes, consistent with lumbar spondylosis. No instability pattern. Subjective complaints note ongoing low back pain radiating to the left buttocks and down the posterior thigh through the shin to the bottom of his foot. Pain is rated as 8/10 on the VAS. Physical examination notes an antalgic gait favoring the right lower extremity. The injured worker presents in a manual wheelchair. There is palpable tenderness of the left paravertebral muscles. Decreased sensation over the left L5 and S1 dermatome distribution is noted. Lumbar flexion 16 degrees, extension 0 degrees left lateral bending 12 and right lateral bending is 10 degrees. There is pain with lumbar range of motion. Straight leg raising is positive on the left at 40 degrees. Diagnosis is L4-5 stenosis, disc degeneration at L4-S1, left lumbar radiculopathy, grade 1 spondylolisthesis L4 on L5. The injured worker has had epidural steroid injections which flared up his symptoms for a few months. He utilizes a wheelchair and currently does not want to consider surgical intervention. Prior utilization review dated 02/24/14 resulted in partial certification for Norco 10/325 and non-certification of Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 720: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80.

Decision rationale: The request for Norco 10/325 Qty. 720 is not medically necessary. The clinical documentation submitted for review does not support the request. Visual analog scale is 8/10. No documentation of functional improvement or decrease in pain. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms and medications should only be changed by the prescribing physician.

Prilosec 20mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Prilosec (2013). In Physicians' desk reference 67th ed.

Decision rationale: The request for Prilosec 20mg #320 is not medically necessary. The clinical documentation submitted for review does not support the request. No documentation of gastrointestinal problems. As such, medical necessity has not been established.