

<b>Case Number:</b>	CM14-0044412		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/14/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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:

According to the records made available for review, this is a 48-year-old female with a 12/14/00 date of injury. At the time (3/5/14) of the request for authorization for one prescription for Norco 10/325mg, count 180 with 2 refills and one lumbar MRI with and without contrast, there is documentation of subjective (ongoing chronic, severe low back and leg complaints) and objective (tenderness to palpation paraspinals, decreased lumbar range of motion, left tibialis anterior and extensor hallucis longus strength 4+/5, and sensation decreased to light touch left L4, L5, and S1) findings, current diagnoses (facet arthropathy lumbar, displacement lumbar disc without myelopathy, lumbar radiculopathy, degenerative disc disease lumbar, postlaminectomy syndrome lumbar region, and lumbago), and treatment to date (physical therapy and medication including Norco for at least 3 months which decreases pain and allows for increased mobility and tolerance of ADL's and home exercises). In addition, there is documentation that the patient was counseled on the benefits of medication and potential side effects, tapering medication, and utilizing the lower effective dose to maintain function. Furthermore, there is documentation that MRI is requested to consider interventional treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Norco 10/325MG, count 180 with 2 refills:** Overturned

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of facet arthropathy lumbar, displacement lumbar disc without myelopathy, lumbar radiculopathy, degenerative disc disease lumbar, postlaminectomy syndrome lumbar region, and lumbago. In addition, there is documentation of treatment with Norco for at least 3 months; that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit with use of Norco. Therefore, based on guidelines and a review of the evidence, the request for one prescription for Norco 10/325mg, count 180 with 2 refills is medically necessary.

**One Lumbar MRI with and without contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304; Table 12-8.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of red flag diagnoses where plain film radiographs are negative; objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and who are considered for surgery, as criteria necessary to support the medical necessity of MRI. Within the medical information available for review, there is documentation of diagnoses of facet arthropathy lumbar, displacement lumbar disc without myelopathy, lumbar radiculopathy, degenerative disc disease lumbar, postlaminectomy syndrome lumbar region, and lumbago. In addition, there is documentation of objective findings that identify specific nerve compromise on the neurologic examination, failure of conservative treatment, and MRI requested to consider interventional treatment. Therefore, based on guidelines and a review of the evidence, the request for one lumbar MRI with and without contrast is medically necessary.