MAXIMUS Federal Services

Case Number:	CM14-0056032		
Date Assigned:	07/09/2014	Date of Injury:	12/23/2007
Decision Date:	08/19/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/25/2014

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 Internal 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:

Patient is an injured worker with a lumbosacral condition with a date of injury of 12/23/2007. The primary treating physician report PR-2 dated March 11, 2014 was provided by Orthopaedic surgeon [redacted]. The subjective complaints were severe low back pain, which radiates to the right hip and buttock. A Physical examination was documented with the following: tenderness in the lumbar paravertebral muscles, range of motion flexion 45 degrees with increased low back pain, extension is to 0 degrees with increased low back pain, right lateral bending is to 10 degrees with increased low back pain, left lateral bending is to 5 degrees with increased low back pain, straight leg raising is to 40 degrees bilaterally, sensation in the lower extremities impaired, decreased sensation in the left S1 dermatome; knee and ankle jerk hypoactive. A MRI report of the lumbar spine performed on 4/16/13 shows disc bulges at L4-5 and L5-S1 with bilateral neural foraminal narrowing at L4-5 and mild to moderate bilateral neural foraminal narrowing at L5-Sl. Diagnoses were lumbar disc protrusions L4-5, L5-S1 with neural foraminal narrowing; lumbar Radiculitis. A discussion and treatment plan documented that the patient has completed physical therapy but unfortunately still remains with severe pain. The patient has been prescribed Norco 10/325mg. The physician requested pain management consultation for consideration of treatment options, epidural injections, and medical management of chronic low back pain condition. Utilization review decision date was 04-10-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: The Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that referral for specialty consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, failure of conservative treatment to resolve disabling radicular symptoms. The ACOEM Chapter 7 Independent Medical Examiner states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The Primary treating physician report dated March 11, 2014 documented a diagnoses of lumbar disc protrusions L4-5, L5-S1 with neural foraminal narrowing, and Lumbar Radiculitis, with a date of injury of 12/23/2007. Patient has completed physical therapy and has been prescribed Norco, but remains with severe pain. Patient complained of severe low back pain, radiating to the right hip and buttock. Physical examination documented lumbar tenderness, decreased range of motion, neurologic findings. MRI of lumbar spine 4/16/13 showed disc bulges at L4-5 and L5-S1 with bilateral neural foraminal narrowing at L4-5 and mild to moderate bilateral neural foraminal narrowing at L5-Sl. The injured worker's work status is temporary total disability. The progress report documented severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month, and failure of conservative treatment to resolve disabling radicular symptoms. Therefore, medical records support the medical necessity of specialty consultation, in accordance with ACOEM guidelines. The plan and course of care may benefit from additional expertise. Therefore, medical records, MTUS and ACOEM guidelines support the medical necessity of pain management consultation and the request for Pain Management Consultation is medically necessary.

Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88-89.

Decision rationale: The Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses long-term opioid use. Regarding the strategy for opioid maintenance, the guidelines recommend: Do not attempt to lower the dose if it is working. Supplemental doses of break-through medication may be required for incidental pain, end of dose pain, and pain that occurs with predictable situations. The Progress reports document prescriptions on 11-05-2013, 01-28-2014, and 03-11-2014 for Norco 10/325 mg #60 every 8 hours as needed for severe pain. No prescription for Norco was documented in the 12-17-2013 progress note. On average, the patient has been prescribed less than two Norco tablets daily, and medication usage demonstrates stable usage. There is no evidence of misuse or addiction. MRI of the lumbar spine performed on 4/16/13 shows disc bulges at L4-5 and L5-S1 with bilateral neural foraminal narrowing at L4-5 and mild to moderate bilateral neural foraminal narrowing at L5-Sl. Diagnoses were lumbar disc protrusions L4-5, L5-S1 with neural foraminal narrowing, and Lumbar Radiculitis. Medical records have MRI documentation of lumbosacral spine pathology, and stable opioid usage. Refill of Norco is supported, in accordance with MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Norco 10/325mg #60 is medically necessary.