

Case Number:	CM14-0058877		
Date Assigned:	07/09/2014	Date of Injury:	03/24/2011
Decision Date:	09/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency Medicine and is licensed to practice in New York. 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 36-year-old female who was injured on March 24, 2011. The patient continued to experience left leg sciatic pain. Physical examination was notable for 5/5 strength in the right lower extremity and 4/5 strength in the left lower extremity. Diagnoses included cervical myalgia, thoracic myospasm, and lumbar sprain/strain. Treatment included chiropractic therapy, medications, physical therapy, and surgery. Requests for authorization for Medrol dose pack, Norco10/325 mg #180, and referral to specialist for orthotics were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol dose pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back pain-Lumbar & Thoracic Corticosteroids (oral/parenteral/IM for low back pain).

Decision rationale: Medrol dose pack is a corticosteroid medication. Corticosteroids are recommended in limited circumstances for acute radicular pain, and patients should be aware

that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. Criteria for the Use of Corticosteroids (oral/parenteral for low back pain):(1) Patients should have clear-cut signs and symptoms of radiculopathy;(2) Risks of steroids should be discussed with the patient and documented in the record;(3) The patient should be aware of the evidence that research provides limited evidence of effect with this medication and this should be documented in the record;(4) Current research indicates early treatment is most successful; treatment in the chronic phase of injury should generally be after a symptom-free period with subsequent exacerbation or when there is evidence of a new injury. In this case the patient did not have clear radiculopathy. Motor function was mildly decreased globally in the left leg and there is no documentation of decreased sensation. Criteria for the use of corticosteroids have not been met. The request should not be authorized.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines page(s) 74-96 Page(s): 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been receiving Norco since at least February 2014 and analgesia had not been obtained. Criteria for the use of opioid medication have not been met. The request should not be authorized.

Referral to specialist for orthotics: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot, Orthotic devices.

Decision rationale: Orthotic devices are recommended for plantar fasciitis and for foot pain in rheumatoid arthritis. In this case the patient has no complaints of foot pain. There is no documentation that the patient is suffering from plantar fasciitis or rheumatoid arthritis. Medical necessity has not been established. The request should not be authorized.