

Case Number:	CM14-0063099		
Date Assigned:	07/11/2014	Date of Injury:	01/18/2012
Decision Date:	09/16/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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 Florida. 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 45-year-old who reported an injury on January 18, 2012 while working with mentally disabled students. The injured worker stated that she was unfortunately attacked by one of the students and she almost fell down when she was trying keep up her balance, balancing on the left side in a very bad positioning. Diagnoses were MRI evidence of L4-5 disc herniation with annular tear, L3-4 and L5-S1, broad-based mild disc protrusion, lumbar facet joint arthropathy, bilateral L3-4, L4-5, and mildly at the L5-S1. Rule out symptomatic facet joint disease on the left. Status post radiofrequency neurotomy treatment at left L4-5 with partial improvement in January of 2014, and recent re-aggravation of the symptoms. Status post piriformis muscle injection with cortisone as well as Botox, without improvement. Rule out possibility of L5-S1 radiculitis. Rule out intrinsic left knee joint pathology, possibly as a result of addition concomitant injuries sustained on January 18, 2012. Past treatments were physical therapy, acupuncture care, trigger point injection, Botox injection, radiofrequency neurotomy at the L4-5 on the left side, epidural steroid injection at the L4-5. Diagnostic studies were x-ray and MRI. There was no surgical history reported. Physical examination on June 10, 2014 revealed complaints of left-sided low back pain with radiation to the left lower extremity including the buttock and posterior lower leg region. The injured worker reported the pain rated at a 4/10 to 8/10 in intensity, currently was a 5/10 to 6/10 in intensity. The injured worker reported that the piriformis injection and the Botox injection did not help relieve any pain. On this examination, the provider did not do a physical examination of the injured worker. She had a physical examination on June 24, 2014 that revealed range of motion of the lumbar spine was significantly painful and limited in all directions, especially worse to the left, but extension and flexion were limited and painful. Manual muscle testing revealed presence of left hip flexors weakness, left evertors, weakness, and sensory abnormalities in the left L5 dermatomal

distribution. There was also significant tenderness in the region of the facet joint on the left at L4-5, L5-S1. The injured worker had significant muscle spasms evident on palpation and multiple trigger points in the left lumbar paraspinal region. Medications were naproxen, omeprazole, Topiramate, gabapentin, Ondansetron, docusate, lidocaine, and Norco. Treatment plan was to consider facet joint injection at the left L4-5 and L5-S1 with corticosteroid. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg quantity of 120 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the "4 A's" including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request for Norco 10-325 mg quantity of 120 with three refills is not medically necessary or appropriate.