

Case Number:	CM14-0067518		
Date Assigned:	07/11/2014	Date of Injury:	02/12/2003
Decision Date:	09/19/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 Texas. 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 66 year old female who had a work related injuries on 02/12/03. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 04/08/14 the injured worker followed up for low back pain radiating down bilateral lower extremities right greater than left aggravated by activity and walking rated 5/10 with medications 9/10 without and reported as worsened since last visit. The injured worker reported activity of daily living limitations in ambulation. The injured worker was status post transforaminal epidural steroid injection right L4 through S1 on 12/04/09. Post-procedure the patient reported good 50-80% overall patient reported decrease in pain medication requirements, improved mobility and sleep duration of improvement was six months. Physical examination tenderness to palpation in spinal vertebral area L4 through S1. Range of motion of lumbar spine was moderate to moderately to severely limited. Pain was significantly increased with flexion/extension. Sensation sensory examination showed decreased sensitivity to touch along the L5-S1 dermatome in the right lower extremity. Straight leg raise seated was negative in the left lower extremity for radicular pain with leg fully extended and positive on right for radicular pain at 70 degrees. Magnetic resonance image of lumbar spine dated 03/11/13 changes at L2-3 3445 and L5-S1 stable. Diagnoses chronic pain. Lumbar radiculopathy. Cervical radiculitis. Prior utilization review on 04/22/14 Norco was modified to initiate weaning. Simvastatin was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab) and Opioids.

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

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Prior utilization review on 04/22/14 Norco was modified to initiate weaning. Therefore, medical necessity has not been established.

Simvastatin 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes chapter, Statins.

Decision rationale: The use of statins appears to be associated with an increased risk of musculoskeletal injuries, including an increased risk of dislocations, strains, and sprains. Treatment with a statin was associated with a 19% increased risk of any type of musculoskeletal injury, a 13% increased risk of dislocations, strains, and sprains, and a 9% increased risk of musculoskeletal pain. Statins may nullify the benefits of exercise. According to the author, low aerobic fitness is one of the best predictors of premature death, and if statins prevent people from raising their fitness through exercise, then that is a concern. There is no clinical evidence submitted that supports the use of statins. Therefore, medical necessity has not been established.