

Case Number:	CM14-0072753		
Date Assigned:	06/30/2014	Date of Injury:	12/12/2000
Decision Date:	08/18/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/07/2014

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 52 year old male injured on 12/12/00 due to an undisclosed mechanism of injury. Current diagnoses include status post anterior C5-6 discectomy/fusion and instrumentation, C4-5 and C6-7 disc bulge, cervical radiculopathy, status post left shoulder arthroscopic surgery, depression due to chronic pain, status post L5-S1 fusion, L1-2, L3-4 disc bulges, chronic pain syndrome, lumbar facet joint disease, and insomnia. The clinical note dated 03/06/14 indicates the injured worker presented complaining of increased pain in his low back over the previous month requiring the use of Norco at approximately eight tablets per day which reports decreased efficacy. The injured worker reports gastric upset and constipation as a result of medication management. The injured worker reports localized low back pain without radiation to the lower extremities worsened by cold and wet weather. Physical assessment revealed slightly limited low back range of motion, motor strength 5/5, deep tendon reflexes 2+ at the knees and trace at the ankles, sensory examination unremarkable, and significantly increased pain with oblique extension. Musculoskeletal examination of the neck revealed tenderness and muscle spasms on palpation at the cervical paraspinal muscles, neck range of motion was 80% of normal limits, muscle strength 5/5, deep tendon reflexes 2+ and symmetrical at brachial radialis and triceps 1+ at biceps, sensory examination revealed decreased sensation in a patchy distribution. Current medications include Norco 10/325mg each 4-6 hours, Zipsor 25mg three times daily, Omeprazole 20mg daily, Relpax 40mg as needed, and Amitiza 24mg twice daily. The initial request for one prescription of Norco 10/325mg #240, 6 physical therapy sessions, and MRI of the lumbar spine was initially non-certified on 03/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analogue scale (VAS) pain scores for this injured worker with or without medications. Additionally, the injured worker reported the Vicodin was less effective in pain management requiring additional doses. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of one prescription of Norco 10/325mg #240 cannot be established at this time.

Six (6) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend 10 visits over 8 weeks for the treatment of lumbar strain/sprain and allow for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. It is noted the injured worker previously participated in supervised physical therapy program within the last year. There is no indication the injured worker has new trauma or significant change in status warranting additional physical therapy prior to failure of other conservative treatment options. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. As such, the request of six (6) physical therapy sessions is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Magnetic Resonance Imaging (MRI).

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, MRI is not recommended in cases of uncomplicated low back pain, with radiculopathy, until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, and recurrent disc herniation). The clinical documentation fails to establish compelling objective data to substantiate the presence of radiculopathy or neurologic deficit. As such, the request MRI of the lumbar spine is not medically necessary and appropriate.