

<b>Case Number:</b>	CM14-0186026		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	10/11/2011
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The injured worker is a 39 year old male with an injury date on 10/11/2011. Based on the 10/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Disc protrusion/bulge/HNP (w/radiculopathy, no myelopathy)-L/S 2. Lumbar/lower limbs, non-specified radiculopathy 3. Sprain, Hip 4. Spondylosis, lumbar 5. Spinal stenosis, lumbar 6. Disk degeneration lumbar/lumbosacral 7. Instability, lumbar. According to this report, the injured worker presents with "on and off slight to moderate low back pain which radiates to his hips and down his legs." Numbness and tingling is noted at the left leg to the foot and an itching sensation to the left calf to the foot. Physical exam reveals positive Tinel's test over the fibular head. Range of motion of the lumbar spine is limited. The 08/29/2014 report indicates injured worker's pain levels are 3-4/10. Injured worker has difficulty standing/walking on left heel. There were no other significant findings noted on this report. The utilization review denied the requests for Urological re-evaluation and Norco 10/325 #15 on 10/03/2014. The requesting physician provided treatment reports from 05/23/2014 to 10/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urological Re-Evaluation with Dr. [REDACTED]:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer 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) Ch. 7 page 127, Urological Re-Eval

**Decision rationale:** Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case the injured worker presents with chronic low back pain that radiates to the legs with complaint of sexual dysfunction symptoms secondary to the injury. The requested consultation with an Urologist to evaluate the injured worker's andrological issue appears reasonable and consistent with the guidelines. The request for a Urological Re-Evaluation with Dr. [REDACTED] is medically necessary.

**Norco 10/325mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-Acting Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 60,61;76-78;88-89.

**Decision rationale:** MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show the injured worker's "pain intensity increases after prolonged walking, sitting, lifting and bending." The 08/29/2014 report indicates the injured worker "was doing home exercise but discontinued when returned to work." Pain is rated as 3-4/10. In this case, the reports show documentation of pain assessment but no before and after analgesia is provided. ADL's are discussed as above but the treating physician does not discuss specific improvement in ADLs or document functional improvement. No opiate monitoring is discussed such as urine toxicology and CURES. Outcome measures are not documented as required by MTUS. No valid instruments are used to measure the injured worker's function which is recommended once at least every 6 months per MTUS. The treating physician has failed to document adverse effects and adverse behavior as required by MTUS. The request for Norco 10/325mg is not medically necessary.