

Case Number:	CM14-0192996		
Date Assigned:	11/26/2014	Date of Injury:	06/17/1986
Decision Date:	01/14/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine 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:

This is a 69 year old male who sustained a work related injury on October 23, 1986. The mechanism of injury was not provided. An office visit dated January 16, 2014 states that the injured worker had persistent low back pain with intermittent radiation down into the right lower extremity. The injured worker's plan of care was to continue pain medications and walking for exercise. Current documentation dated October 15, 2014 states that the injured worker complained of neck and back pain. The injured worker's back pain was noted to be worse and due to sudden numbness of the right lower while walking the injured worker had fallen multiple times. Pain medications were noted to have helped the injured worker manage the pain and improve function. There is no specific documentation of the injured worker's functional improvement submitted for review. Diagnoses include lumbar degenerative disc disease, neurogenic claudication and post laminectomy syndrome. There is no documentation of a surgical date provided. Physical examination revealed decreased strength in the left lower extremity, tenderness and an Oswestry Disability Score of sixty-six. The treating physician requested an MRI of the lumbar spine, Norco 10/325 mg # 90 and Diclofenac 100 mg # 360. Utilization Review evaluated and denied the requests for the MRI and medications of October 23, 2014. Utilization Review denied the medication Norco due to the injured workers prolonged use of the pain medication without documentation of significant improvement in function. The Diclofenac was denied due to no submitted documentation of functional improvement related to this medication and the injured worker had several documented blood pressure readings at hypertension levels which is a risk with this medication. Utilization Review denied the MRI of the lumbar spine due to no documentation of conservative therapies besides medication, for the injured worker's radicular symptoms. Radicular symptoms must be present for four to six weeks

and at least one month of conservative therapy must be attempted per evidenced based guidelines. Therefore the issues at dispute are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of the last several months. Norco 10/325mg #90 is not medically necessary.

MRI Lumbar Spine: Overturned

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

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

Decision rationale: The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record states that the patient has developed sudden numbness and weakness in the right lower extremity which would warrant an MRI of the lumbar spine. I am reversing the previous utilization review decision. MRI Lumbar Spine is medically necessary.

Diclofenac 100mg #360: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Diclofenac 100mg #360 is not medically necessary.