

Case Number:	CM15-0019512		
Date Assigned:	02/09/2015	Date of Injury:	08/10/2012
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62-year-old male who reported an injury on 10/31/1996. The mechanism of injury was not provided. On 01/16/2015, the injured worker was seen for back pain. The clinical note was handwritten and hard to decipher. Pain occasionally radiated to bilateral feet with numbness and tingling. The injured worker noted that Norco makes him able to function. The injured worker noted that somebody suggested a consult for PQME. Upon examination, there was tenderness to paraspinals with spasms. There was decreased extension in bilateral L4-5. The straight leg raise was positive bilaterally. The treatment plan included increasing Norco to 10 mg. The injured worker has no adverse effects from taking Norco. The treatment plan included receiving authorization for surgical consult, continue home exercise program, and follow-up in 4 to 6 weeks. The injured worker is to return to work on modified duties. The Request for Authorization is dated 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 91.

Decision rationale: The request for Norco 10/325 mg #60 is not medically necessary. The injured worker has a history of back pain. The California MTUS Guidelines state to discontinue use if there is no overall improvement in function unless there are extenuating circumstances. Norco has been requested numerous times. It was noted that the provider wanted to increase from 5 mg to 10 mg. There is lack of documentation of quantified functional benefit from Norco. It was noted that the injured worker stated Norco helps him function. There is lack of documentation of progress towards returning to regular work or reduction in the pain. It was noted that the injured worker returned to modify duties but it was not noted if the injured worker is actually working. There is a lack of documentation of frequency within the request. The request is not supported. As such, the request is not medically necessary.

Surgical Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The request for surgical consult is not medically necessary. The injured worker has history of back pain. The California MTUS /ACOEM Guidelines state surgical considerations may be indicated if red flag conditions are provided and there is activity limitation for more than 4 months and failure to increase range of motion or strength of the musculature around the injury is noted. A referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The only documented objective finding was a positive straight leg raise and some sensory loss bilaterally at L4-S1. MRI does not confirm any nerve root impingement at any level. There is no indication that the injured worker would be a surgical candidate. The request is not supported. As such, the request is not medically necessary. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work.