

Case Number:	CM15-0167474		
Date Assigned:	09/08/2015	Date of Injury:	04/30/2002
Decision Date:	10/22/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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: Preventive Medicine, Occupational Medicine

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 54 year old female who sustained an industrial injury on 4-30-02. The injured worker was diagnosed as having lower back pain with radicular leg pain. A review of the medical records indicates that the injured worker is undergoing treatments for chronic intractable pain, right L5 radiculopathy and L4-5 and L5-S1 disc degeneration. Medical records dated 7-28-15 indicated mid to low back pain with lower extremity radiation rated at 5 out of 10 with medication and 7 out of 10 without medication. Medical records dated 9-3-15 indicate lower back pain and rated at 3-4 out of 10 with medication and 6-8 out of 10 without medication. Provider documentation dated 9-3-15 noted the work status as permanent and stationary. Treatment has included Norco since at least February of 2015, home stretching and exercise, radiographic studies, activity modification, nonsteroidal anti-inflammatory drugs, oral steroids, and physical therapy. The treating physician indicates that the urine drug testing result (2-10-15) showed no aberration. Physical examination performed 9-3-15 was notable for an antalgic gait pattern favoring the left lower extremity, tenderness to palpation to the paravertebral muscles bilaterally, the sacroiliac joints bilaterally, and a positive straight leg test on the right at 70 degrees. The original utilization review (8-12-15) partially approved X-ray of lumbar spine, Medrol dose pack quantity of 1, Norco 10-325 milligrams quantity of 60 with 2 refills, Restoril 30 milligrams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The MTUS states that radiographs of the lumbar spine are indicated when red flags are present indicating fracture, cancer, or infection. The medical record contains no documentation of red flags indicating that a lumbar x-ray is indicated. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. X-ray of lumbar spine is not medically necessary.

Medrol Dosepack #1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg (Acute & Chronic), Oral Corticosteroids.

Decision rationale: The Official Disability Guidelines do not recommended oral corticosteroids for chronic pain. There are no quality studies specific to the low back. Multiple severe adverse effects have been associated with systemic steroid use. And Medrol (methylprednisolone) tablets are not approved by the FDA for pain. Medrol Dosepack #1 is not medically necessary.

Norco 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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 Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Norco 10/325mg #60 with 2 refills is not medically necessary.

Restoril 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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), Benzodiazepines.

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Restoril 30mg #30 is not medically necessary.