

Case Number:	CM15-0208040		
Date Assigned:	10/26/2015	Date of Injury:	07/29/1998
Decision Date:	12/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 59 year old female, who sustained an industrial injury on 7-29-98. The injured worker was diagnosed as having status post lumbar fusion at L4-5 and L5-S1, chronic low back pain, lumbar facet breakdown above the level of previous fusion, and multilevel lumbar discogenic disease. Treatment to date has included use of a cane, TENS, a Toradol injection, and medication including Norco, Terocin lotion, Neurontin, and Terocin patches. On 8-31-15 physical examination findings included moderate lumbar spasms. Antalgic gait and restricted lumbar range of motion was noted. A straight leg raise test was positive. Sensation was decreased at L4-S1 bilaterally and motor strength was noted to be 4 of 5 in bilateral quadriceps. On 7-2-15 pain was rated as 8-9 of 10 without medication and 5 of 10 with medication. The injured worker had been taking Norco since at least July 2015. On 8-31-15, the injured worker complained of low back pain rated as 8-9 of 10 without medication and 5 of 10 with medication. Leg weakness was also noted. On 9-21-15 the treating physician requested authorization for a MRI of the lumbar spine with gadolinium and Norco 10-325mg #90. On 9-28-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine with gadolinium: Overturned

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

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

Decision rationale: ACOEM chapter on back complaints describes that MRI is indicated when there are unequivocal objective findings of specific nerve compromise in a person with symptoms who do not respond to treatment and for whom surgery would be a reasonable intervention. There is objective examination data describing focal neurologic involvement for which assessment by MRI is indicated. MRI of the lumbar spine is medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Additionally, there was a concerning negative drug screen which was inconsistent with the prescribed medication. Therefore, the record does not support request for ongoing opioid therapy with Norco and therefore is not medically necessary.