

Case Number:	CM15-0023075		
Date Assigned:	02/13/2015	Date of Injury:	01/10/2011
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 45 year old female, who sustained an industrial injury on 01/10/2011. She has reported subsequent low back pain radiating to the lower extremities and was diagnosed with acquired spondylolisthesis, sciatica, thoracic spondylosis and lumbar disc displacement with disc degeneration. Treatment to date has included oral pain medication and lumbar epidural steroid injections. In a progress note dated 01/12/2015, the physician noted that the injured worker did not complain of much back pain but that work up showed a filling defect. The injured worker was noted to call for another injection when she lost feeling in her foot. Objective physical examination findings were notable for right sciatic notch tenderness with positive straight leg raise. The physician noted that the injured worker would be referred to a surgeon and that preoperative study would be obtained to confirm the continued presence of a disc herniation. Requests for CT of the lumbar spine and Norco were made. On 01/14/2015, Utilization Review non-certified a request for CT scan of the lumbar spine, noting that there were no red flags to support the medical necessity of the CT scan and modified a request for Norco 10/325 mg 1-2 times every 4-6 hours #120 to #60, noting that there was no evidence of objective functional improvement and that the medication should be weaned. MTUS, ACOEM and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take 1-2 times by mouth every 4-6 hours for pain #120, no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. The prior reviewer recommended tapering from Norco. As such, the request for Norco 325/10mg is not medically necessary.

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure Summary, CT & CT Myelography (computed tomography)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Low Back, CT (computed tomography)

Decision rationale: ODG states "Not recommended except for indications below for CT." Indications for imaging -- Computed tomography: Thoracic spine trauma: equivocal or positive plain films, no neurological deficit Thoracic spine trauma: with neurological deficit Lumbar spine trauma: trauma, neurological deficit Lumbar spine trauma: seat belt (chance) fracture Myelopathy (neurological deficit related to the spinal cord), traumatic Myelopathy, infectious disease patient Evaluate pars defect not identified on plain x-rays Evaluate successful fusion if plain x-rays do not confirm fusion (Laasonen, 1989) The treating physician has not provided documentation of a new injury, re-injury, red flags, a change in symptoms or documentation of focal neurologic deficits to meet the above guidelines at this time. As such the request for updated CT scan Lumbar Spine is not medically necessary.

