

Case Number:	CM15-0035406		
Date Assigned:	03/03/2015	Date of Injury:	10/21/2011
Decision Date:	04/14/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/25/2015

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 51 year old male, who sustained an industrial injury on October 21, 2011. The diagnoses have included right shoulder 80% thickness tear of the supraspinatus, status post laminectomy and decompression with residual mild right leg pain, and sleep issues. Treatment to date has included physical therapy and medication. Currently, the injured worker complains of cervical spine, lumbar spine, right shoulder, left knee, and left hip pain. The Primary Treating Physician's report dated February 4, 2015, noted the injured worker in no distress, able to ambulate and move around the examination room without difficulty. The examination of the lumbar spine revealed tenderness over the midline, with flexion, extension, and rotation all limited because of pain. The paraspinal musculature was noted to be hypertonic. The urine toxicology screen dated January 14, 2015, was noted to demonstrate compliance with the prescribed Norco. On February 6, 2015, Utilization Review non-certified Norco 10/325mg #90 and MRI of the lumbar spine without contrast, noting there was no physical exam, history, neurological exam, or operative report of the injured worker's laminectomy included for review. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #90 and MRI of the lumbar spine without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 91; 78-80; 124.

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 Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325 #90 is not medically necessary.

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI lumbar spine without contrast is not medically necessary.