

Case Number:	CM15-0041496		
Date Assigned:	03/11/2015	Date of Injury:	02/17/2009
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, New York
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 67 year old female, who sustained an industrial injury on 02/17/2009. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, medications, physical therapy, MRI of the lumbar spine (04/14/2009), lumbar epidural steroid injections, and bilateral carpal tunnel releases. Currently, the injured worker complains of chronic and progressive aching low back pain (rated 4/10 with medications and 7-8/10 without medications). Current diagnoses include lumbar degenerative disc disease, lumbago, sacroiliitis, and chronic pain syndrome. The current treatment plan was to include continued chronic pain medications (including Norco), a bilateral lumbar facet block, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 (Quantity unspecified): 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): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for extended amount of time without objective documentation of the improvement in pain that is clearly attributable to Norco, specifically. There is no documentation of what his pain was like previously and how much Norco decreased his pain. There is no documentation of two of the four A's of ongoing monitoring: side effects and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

Facet Block bilateral L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, facet joint diagnostic blocks.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address this. According to the ODG guidelines, the criteria to perform a nerve block includes back pain that is non-radicular which does not apply to this patient. The patient was documented to have back pain radiating to the lower extremity. Therefore, the request is considered not medically necessary.