

Case Number:	CM15-0048641		
Date Assigned:	04/15/2015	Date of Injury:	09/28/2013
Decision Date:	05/19/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 41 year old female who sustained an industrial injury on September 28, 2013. She has reported injury to the left ankle and has been diagnosed with severe left ankle sprain/strain status post-surgery. Treatment has included medications and therapy. Currently the injured worker showed slightly diminished plantar flexion by 5 degrees and joint line tenderness. The treatment request included Norco and a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for

uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are severe left ankle sprain/strain any: status post surgery August 20, 2014; and left knee sprain/strain. The most recent progress note of the medical records dated December 2, 2014. Subjectively, the documentation states "she continues to be symptomatic". There are no current or past medications documented in the medical record. There is no VAS pain score. There are no subjective complaints of back pain. Objectively, there are no physical examination findings referencing the lumbar spine. There is no neurologic evaluation in the record. There are no x-rays of the lumbar spine. The diagnoses/assessment do not reference the lumbar spine. There is no clinical indication or rationale for an MRI of the lumbar spine. Consequently, absent clinical documentation with subjective symptoms and objective clinical findings and no clinical indication or rationale for an MRI lumbar spine, MRI lumbar spine is not medically necessary.

Norco 5/325 quantity 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are severe left ankle sprain/strain any: status post surgery August 20, 2014; and left knee sprain/strain. The most recent progress note of the medical records dated December 2, 2014. Subjectively, the documentation states "she continues to be symptomatic". There are no current or past medications documented in the medical record. There is no VAS pain score. A progress note dated September 2014 did not contain a current list of medications. There was no VAS pain score. The request for authorization dated September 10, 2014 shows

Norco was refilled at that time. The designated case manager requested a medication update by the treating physician. The record did contain a medication update. The treating provider indicated the injured worker was on Norco 10/325 mg and was reducing the strength to 5/325 mg with an attempt to wean. There are no detailed pain assessments in the medical record and no risk assessments in the medical record. There is no documentation in the medical record evidencing objective functional improvement and there are no subjective VAS pain scales in serial progress notes. Consequently, absent compelling clinical documentation with objective functional improvement and subjective VAS pain scales in addition to a complete lack of documentation of current medications from month-to-month, Norco 5/325 mg #60 is not medically necessary.