

Case Number:	CM15-0051984		
Date Assigned:	03/25/2015	Date of Injury:	07/30/2013
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/18/2015

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: Florida

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 42 year old male, who sustained an industrial injury on July 30, 2013. He has reported lower back pain, wrist pain, elbow pain, and leg pain. Diagnoses have included lumbar spine degenerative disc disease, disc herniation of the lumbar spine with radiculopathy, left elbow contusion, and bilateral carpal tunnel syndrome. Treatment to date has included medications, acupuncture, lumbar spine epidural steroid injection, back brace, therapy, and imaging studies. A progress note dated February 27, 2015 indicates a chief complaint of lower back pain radiating to the right leg with increased numbness and weakness. The treating physician documented a plan of care that included medications, electromyogram/nerve conduction velocity study, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with this chronic narcotic pain medication. Therefore, the request for Norco 5/325mg #100 is not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (http://odg-twc.com/odgtwc/Low_Back.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and upper back pain complaints Page(s): 182.

Decision rationale: MTUS guidelines recommend EMG/NCS to clarify nerve root dysfunction in cases of suspected disk herniation or preoperatively before an epidural injection. Regarding this patient's case, a recent MRI was unremarkable. The medical necessity of this request has not been established by the provided documentation. This request is not medically necessary.