

Case Number:	CM15-0084138		
Date Assigned:	05/06/2015	Date of Injury:	07/08/2014
Decision Date:	06/09/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	05/01/2015

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, North Carolina
 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 57-year-old female, who sustained an industrial injury on 7/08/2014. She reported a trip and fall, landing on her knees and wrists. The injured worker was diagnosed as having bilateral knee contusions and cervical/lumbar strain. Treatment to date has included diagnostics, physical therapy, modified work, and medications. Magnetic resonance imaging of the lumbar spine (11/26/2014) was submitted. The PR2, dated 12/04/2014, noted that Tramadol was ineffective for pain, and she was prescribed Norco. Currently, the injured worker complains of ongoing low back pain, with radiation to the lower extremities, right worse than left. She reported numbness in the tips of her fingers. Current medication use included Norco, only at bedtime, to help her sleep. Her pain was not rated. Exam of the lumbar spine noted normal gait and no motor or sensory deficits. Straight leg raise test was positive bilaterally, sitting and supine. The treatment plan included a lumbar epidural steroid injection at L4-5 and continued medication. Her work status was full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: The request is for Norco for chronic low back pain. She had been treated with Tramadol in the recent past, which was ineffective. She takes one Norco at bedtime to assist with sleep. There is no documentation of improvement in pain symptoms or functional capacity on the Norco. Norco is not intended as a sedative/hypnotic to treat insomnia. The request is therefore deemed not medically necessary at this time.

Lumbar Epidural Steroid Injection Right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46, Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The request is for epidural steroid injections (ESI) at the right L4-5 region. A previous MRI shows only preexisting lumbar degenerative disc disease with no findings of lumbar derangement or radiculopathy documented. The patient's presentation and examination do not support the need for an ESI. Therefore, the request is deemed not medically necessary.