

Case Number:	CM15-0237213		
Date Assigned:	12/14/2015	Date of Injury:	02/02/2011
Decision Date:	01/15/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/04/2015

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: 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:

This is a 35-year-old female with a date of injury of February 2, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine annular tear, cervical radiculopathy, lumbar radiculopathy, left shoulder impingement, and lumbar spondylosis. Medical records dated August 26, 2015 indicate that the injured worker complained of lower back pain radiating to the right buttock rated at a level of 10 out of 10 and 7 out of 10 with medications, and right sacroiliac dermatome pain rated at a level of 10 out of 10 and 7 out of 10 with medications. Records also indicate that the injured worker had difficulty with grooming, bathing, dressing, toileting, walking, climbing stairs, shopping, cooking, housework, and laundry. A progress note dated October 22, 2015 documented complaints similar to those reported on August 26, 2015. Per the treating physician (October 22, 2015), the employee was not working. The physical exam dated August 26, 2015 reveals a mildly antalgic gait, tenderness over the sacroiliac joints bilaterally, hypersensitivity globally overlying the right lower extremity most specifically in the L5 dermatome, and positive straight leg raise in the right. The progress note dated October 22, 2015 documented a physical examination that showed a normal antalgic gait, palpable tenderness over the right sacroiliac joint, hypersensitivity and paresthesia to touch over the right L4 and S1 dermatome distribution, positive straight leg raise in the right, positive thigh thrust on the right, positive compression sign, and positive fortin sign. Treatment has included lumbar spine surgery, medications (Norco (the records are unclear as to how long the injured worker has been prescribed this medication); history of Gabapentin and Temazepam discontinued in October of 2015), and sacroiliac joint injections. The treating physician documented that the urine drug screen dated July 10, 2015 showed results consistent with the injured worker's prescribed medications. The utilization review (November 30, 2015) non-certified a request for a pain management consultation and a prescription for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Page 127, Occupational Medicine Practice Guidelines, 2nd Edition.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, General Approach to Initial Assessment and Documentation.

Decision rationale: Per the ACOEM: The health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for; 1. Consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The patient upon review of the provided medical records has ongoing lumbar, cervical neck pain despite conservative therapy. Therefore, the need for pain management consult has been established, and the request is medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioid hyperalgesia, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004). The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 10/10 to a 7/10. There are no objective measures of improvement of function or how the medication improves activities. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.