

Case Number:	CM14-0140947		
Date Assigned:	09/10/2014	Date of Injury:	10/28/2013
Decision Date:	10/28/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 44 year old male with industrial injury in 10/28/2013. The accepted body parts are neck and back. He has chronic neck pain and lower back pain with lumbar radiculopathy. He was last seen on 9/12/2014 and request for neurologist consultation was placed. Also, request for Norco was placed for treatment of pain. The patient had positive straight leg raising test and paraspinal lumbar tenderness / spasm. He also had a diagnosis of lumbar sprain and request for ESI was also placed. Previously seen in July 2014 and there was documentation of headaches, sleep difficulties, anxiety and stress. Review of systems also noted presence of muscle pain / soreness. There was no elaboration or examination related to headaches presented. No neurological deficits were described. The patient was described as obtaining relief from Norco. He was also on Lyrica for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 (#60): 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): 76-88.

Decision rationale: Requires failure of other therapies, requires correct diagnosis and opiates should be recommended for that diagnosis and finally, a comprehensive assessment including psychological factors, misuse risk and such should be done prior to initiation of a trial. Proper goals should be established. Opiates should only be continued if there is no sign of misuse, patient is functionally and pain wise improved with opiates and other therapies have been applied and not worked. It is important to ensure the trial was appropriate in the first instance and only then talk about whether the continuation is appropriate. Talk about the 4 As - activities of daily living, adverse effects, aberrant behaviors and degree of analgesia achieved. For example, if minimal analgesia is achieved, then these agents should not be continued. Since these issues are not adequately addressed in this patient's instance, and there is no evidence of failure of safer treatments such as acupuncture, massage, biopsychosocial management, NSAID and acetaminophen, the request for Norco is not recommended.

Neuro Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS/ACOEM, Specialty Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits

Decision rationale: No rationale is presented in the six months prior to requesting the consultation with neurology as to why neurological consultation is required. It is noted that the patient has headaches and may have radiculopathy but no other historical or examination information is provided in the reviewed records. Therefore, the request is not recommended due to lack of an adequate description of the problem and the rationale for request.