

Case Number:	CM14-0141192		
Date Assigned:	09/10/2014	Date of Injury:	10/31/2013
Decision Date:	11/13/2014	UR Denial Date:	08/26/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of October 31, 2013. A utilization review determination dated August 26, 2014 recommends non-certification of an MRI of the lumbar spine, Norco 10/325 mg #120, and Ativan 1 mg #30. A progress note dated August 20, 2014 identifies subjective complaints of left leg, low back, and the remaining documentation within the subjective complaints section is illegible. Physical examination identifies tenderness of the lumbar paravertebral muscles and sciatic notch, the patient is in distress, apparent loss of sleep noted, limp due to left leg, and limited lumbar spine range of motion. The diagnoses include lumbosacral neuritis and enthesopathy of hip. The treatment plan recommends an MRI of the lumbar spine to rule out radiculopathy causing left leg pain, Norco 10/325 mg #120, and Ativan 1 mg #30. An MRI of the lumbar spine dated March 18, 2014 identifies at T11-T12 that there is a mild disc narrowing with a 2-3 mm posterior disc/osteophyte complex causing mild to moderate thecal sac narrowing, mild bilateral neuroforaminal narrowing is seen, at L3-L4 there is mild disc narrowing with a 1-2 mm posterior disc bulge with mild thecal sac narrowing, at L4-L5 there is a 2-3 mm posterior disc bulge with a moderate thecal sac narrowing and moderate bilateral lateral recess narrowing, mild bilateral neural foraminal narrowing, at L5-S1 there is a 2 mm posterior disc bulge with the mild thecal sac narrowing and mild bilateral neuroforaminal narrowing, and scattered facet hypertrophy is noted at L3-L4, L4-5, and L5-S1. A urine drug screen report dated June 18, 2014 was positive for Hydrocodone, Hydromorphone, Norhydrocodone, and Acetaminophen which are consistent results; the urine screen was also positive for nordiazepam, Temazepam, Lorazepam, and morphine which are inconsistent results. A nerve conduction study and EMG performed on April 25, 2014 were within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar spine MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. Additionally, there is no statement indicating what medical decision-making will be based upon the outcome of the currently requested MRI. Furthermore, there is no documentation indicating how the patient's subjective complaints and objective findings have changed since the time of the most recent MRI of the lumbar spine which was on March 18, 2014. In the absence of clarity regarding those issues, the currently requested lumbar spine MRI is not medically necessary.

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco 10/325 mg #120, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco 10/325 mg #120 is not medically necessary.

Ativan 1 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

Decision rationale: Regarding the request for Ativan 1 mg #30, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Ativan 1 mg #30 is not medically necessary.