

Case Number:	CM15-0012368		
Date Assigned:	01/29/2015	Date of Injury:	10/29/2012
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/21/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52 year old male sustained a work related injury on 10/29/2012. According to a progress report dated 11/10/2014, the injured worker was seen for a follow-up for back pain going down both legs. He was status post transforaminal lumbar epidural injection on 10/10/2014. Activity level and sleep level was improved. Current medications included Norco. Diagnoses included lumbar radiculopathy, lumbar degenerative disc disease, lumbar disc displacement and lumbar spondylosis. Treatment plan included transforaminal epidural steroid injection. A urine toxicology review dated 10/02/2013 was submitted for review. On 01/07/2015, Utilization Review non-certified CT scan of the head and modified Norco 10/325mg #240. According to the Utilization Review physician, there were no objective findings documented on physical examination of this injured worker to warrant a CT scan of the head. Neurological and mental status examinations were not performed. In regard to Norco, there was no documented recent behavioral evaluation, pain contract, CURES report, and or drug screen to suggest lack of drug misuse/abuse noted in the submitted records. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines, Opioids and the Official Disability Guidelines, Head. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT Scan of Head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Online Edition Chapter: Head

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head; CT

Decision rationale: ODG states that the following are indications for a head CT: "Indications for computed tomography :- CT scans are recommended for abnormal mental status, focal neurologic deficits, or acute seizure and should also be considered in the following situations: Signs of basilar skull fracture. Physical evidence of trauma above the clavicles. Acute traumatic seizure. Age greater than 60. An interval of disturbed consciousness. Pre-or post-event amnesia. Drug or alcohol intoxication. Any recent history of TBI, including MTBI-Also may be used to follow identified pathology or screen for late pathology. Subsequently, CT scans are generally accepted when there is suspected intracranial blood, extra-axial blood, hydrocephalus, altered mental states, or a change in clinical condition, including development of new neurological symptoms or post- traumatic seizure (within the first days following trauma). MRI scans are generally recommended as opposed to CT once the initial acute stage has passed. (Colorado, 2005)- Patients presenting to the emergency department with headache and abnormal findings in a neurologic examination (i.e., focal deficit, altered mental status, altered cognitive function) should undergo emergent noncontrast head computed tomography (CT) scan. (ACEP, 2002)"The medical documentation does not show any of these conditions. Therefore, the request for CT of the head is not medically necessary.

Norco 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Low back; opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life.

Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 325/10mg is not medically necessary.