

Case Number:	CM15-0014410		
Date Assigned:	02/02/2015	Date of Injury:	05/29/1992
Decision Date:	03/30/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/26/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 77-year-old male who reported an injury on 05/29/1992. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/17/2014. The documentation of 12/05/2014 revealed the injured worker had pain in his back that was unchanged and the injured worker was ambulatory with a cane. The injured worker was noted to be utilizing Norco. The physician documented that the injured worker was to have x-rays as he had not had any in the past few years and the physician opined in thinking about it, the physician would rather have the injured worker get an MRI to see if interventional treatment would be appropriate because of pain. There was a prescription written for Norco 180 tablets 1 or 2 3 times a day. The request was made for a transfer of care to a pain management specialist. The subsequent documentation dated 02/03/2015 revealed the injured worker had ongoing back pain and had undergone epidurals in the past, as well as MRIs and had documented disease and spondylosis. The injured worker had back complaints that had not been adequately treated with pain medications and had not had a subspecialty consultation for over 5 years. The injured worker was utilizing Norco 10/325 mg 3 times per day and was noted to have "maxed" out with his pain medication. The injured worker was noted to be severely disabled due to back pain for which the injured worker had previously been diagnosed with spondylosis and spinal stenosis. The physician opined that back and neck consultation should be authorized and that options for treatment could be better assessed including invasive surgery. Additionally, the documentation indicated the injured worker was not well treated with conventional Norco and that absent a

spinal intervention, the injured worker would need a stronger pain medication. It was indicated the injured worker was not doing well on the present medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI

Decision rationale: The Official Disability Guidelines indicate a repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the injured worker had previously undergone an MRI. However, there was a lack of documentation of a significant change in symptoms and there was a lack of documentation of findings including myotomal and dermatomal findings to support the necessity for a repeat MRI. Given the above, the request for MRI lumbar spine is not medically necessary.

Transfer of care to pain management: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend the consideration of consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or the pain does not improve on opioids in 3 months. The clinical documentation submitted for review indicated the injured worker had pain that was unrelenting and did not improve after years on medication. The request for transfer of care to pain management would be medically appropriate. Given the above, the request for transfer of care to pain management is certified.

Norco 10/325mg: 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 Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement, objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had no benefit from the medication. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above and the lack of documentation of exceptional factors, the request for Norco 10/325 mg is not medically necessary.