

Case Number:	CM15-0115821		
Date Assigned:	07/22/2015	Date of Injury:	09/28/2001
Decision Date:	09/02/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/15/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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:

The injured worker is a 42-year-old male, with a reported date of injury of 09/28/2001. The mechanism of injury was not indicated in the medical records. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar disc bulging at L5-S1 and lumbar radiculopathy. Treatments and evaluation to date have included oral medications. The diagnostic studies to date included electro diagnostic studies dated 01/09/2014, which showed evidence of a normal study. The progress report dated 06/04/2015 indicates that the injured worker continued to have flare-ups of his low back pain with increased activity. The objective findings include tenderness to palpation over the upper, mid, and lower lumbar paravertebral muscles; tenderness to palpation in the left sciatic notch; lumbar flexion at 20 degrees; lumbar extension at 10 degrees; increased pain with lumbar motion; some low back pain with straight leg raising and rectus femoris stretch sign without obvious nerve irritability; no sacroiliac joint or sacroiliac notch tenderness; decreased sensation in the lower extremities, most notably in the L4, L5, and S1 distribution with mild depression of the right ankle reflex; mild weakness of the left extensor hallucis longus and tibialis anterior; and a non-antalgic gait. It was noted that the injured worker was a qualified injured worker. He was performing a part-time job. On 05/14/2015, the treatment plan included x-rays of the lumbar spine to help guide treatment and the prescription for Norco. The objective findings were the same as the visit on 06/04/2015, and the injured worker had increased lumbar spine discomfort with increased activity. It was noted that the injured worker had not been able to return to work to date. It was

noted that the injured worker was a qualified injured worker. He was performing a part-time job. The treating physician requested x-rays of the lumbar spine and Norco 5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker was first prescribed Norco on 01/07/2015 according to the medical records. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The injured worker's work status remained the same. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Norco is not medically necessary.

X-rays of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289-290 and 303.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that "lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate

when the physician believes it would aid in patient management." The guidelines list the following as red flags for potentially serious low back conditions: fracture; tumor; infection; cauda equina syndrome; and progressive neurologic deficit (severe low back pain or progressive numbness or weakness). There was no evidence that the injured worker had any of these conditions. The request does not meet guideline recommendations. Therefore, the request for x-rays of the lumbar spine is not medically necessary.