

Case Number:	CM15-0171271		
Date Assigned:	09/11/2015	Date of Injury:	07/26/2013
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, New York, California

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:

The applicant is a represented 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 26, 2013. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve requests for Norco and a pain management consultation to consider an epidural steroid injection. A July 23, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On said July 23, 2015 progress note, the applicant reported ongoing complaints of low back pain with some radiation of pain to the lower extremities. 5 to 7/10 pain complaints were noted. The applicant scored his pain complaints in the moderate range, it was reported. Norco, Neurontin, and a pain management consultation were endorsed. The requesting provider was an orthopedist. The attending provider contended that the applicant had grade 1 anterolisthesis, lumbar radiculitis, and lumbar disk bulges, and/or stenosis at the L5-S1 level. The applicant was using Norco at a rate of two tablets a day; it was stated in one section of the note. 4 to 5/10 pain complaints with medications versus 7 to 8/10 without medications were reported. The attending provider contended, albeit through preprinted checkboxes, the applicant's ability to sleep, perform home exercises, and work had all been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant had returned to and/or maintained full-time work status; it was reported on July 23, 2015. Ongoing usage of Norco was diminishing the applicant's pain score from 7 to 8/10 without medications to 4 to 5/10 with medications, it was reported in one section of the note and was, furthermore, facilitating the applicant's performance of home exercises. Continue the same, on balance was indicated. Therefore, the request was medically necessary.

1 Pain management consultation for lumbar ESI: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for a pain management consultation to consider an epidural steroid injection was likewise medically necessary, medically appropriate, or indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints, which prove recalcitrant to conservative management, should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant had ongoing complaints of low back pain radiating to the bilateral lower extremities, it was reported on July 23, 2015. The said complaints had seemingly proven recalcitrant to conservative treatments with time, medications, physical therapy, adjuvant medications, etc. Obtaining the added expertise of a pain management physician, thus, was indicated to consider and to evaluate other treatment options, including possible epidural steroid injection. Therefore, the request was medically necessary.