

Case Number:	CM15-0076493		
Date Assigned:	04/28/2015	Date of Injury:	11/09/1993
Decision Date:	05/28/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/21/2015

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: California
 Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 11/9/93. The injured worker has complaints of back pain, low back pain, hand and wrist pain and lumbar complaints. The diagnoses have included transient arthropathy, ankle and foot. Treatment to date has included diclofenac 3%, baclofen 2%, cyclobenzaprine 2% and lidocaine 2%; norco; magnetic resonance imaging (MRI) of the lumbosacral spine; magnetic resonance imaging (MRI) of right knee; magnetic resonance imaging (MRI) of the ankle; X-rays and status post total knee replacement right knee in September 2011. The request was for magnetic resonance imaging (MRI) of the lumbar spine and norco 5/325mg quantity 60. The request for evaluation with knee surgeon has been approved. The last lumbar spine imaging was performed on 7/7/2008. The injured worker is reporting increasing severe neuropathic pain and examination is positive for straight leg raise causing leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Lower Back, Acute and Chronic.

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: Low Back Chapter.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. According to ODG, repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this case, the last lumbar spine imaging was performed on 7/7/2008. The injured worker is reporting increasing severe neuropathic pain and examination is positive for straight leg raise causing leg pain. The request for an updated study is supported given the worsening symptoms and examination findings supporting radiculopathy stemming from the lumbar spine. The request for MRI of lumbar spine is medically supported and appropriate.

Norco 5/325mg quantity 60: Overturned

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

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

Decision rationale: Per the MTUS guidelines, opioids may be supported if there has been documented improvement in pain and function. The MTUS guidelines also note that the morphine equivalent dose of opioids should be less than 120. The guidelines also note that there should be no evidence of drug abuse or diversion in order to continue opioids. In this case, the injured worker is followed for chronic pain in multiple body parts and is reporting subjective and objective functional improvement. There is no evidence of abuse or aberrant behavior. The current morphine equivalent dose is 10 which are far below the ceiling recommended by the MTUS guidelines. The request for Norco 5/325mg quantity 60 is medically necessary and appropriate.