

Case Number:	CM14-0113909		
Date Assigned:	09/22/2014	Date of Injury:	08/10/2008
Decision Date:	09/03/2015	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/18/2014

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: Illinois, California, Texas

Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 60-year-old male who sustained an industrial injury on 8/10/08. The mechanism of injury was not documented. Conservative treatment included physical therapy, epidural steroid injections, and medication management. Records documented the 6/21/13 lumbar MRI findings as levoscoliosis with retrolisthesis at L3/4, L4/5 and L5/S1 with multilevel degenerative disc disease and facet arthropathy, most pronounced at L4/5 where there was marked end plate and vertebral body edema, also extending into the left posterior elements. There was mild L3/4 and moderate L4/5 canal stenosis, and moderate to severe left L3/4 neuroforaminal narrowing and moderate to severe L4/5 neuroforaminal narrowing. The 6/17/14 treating physician report cited persistent grade 4/10 low back pain with cramping pain in his left calf. He had the most pain when he was laying down at the end of the day. He had difficulty sleeping. Current medications included Norco, Naproxen, Ultracet, and Prilosec. Medications provided 30-40% relief and helped him to walk longer. Physical exam documented moderate loss of lumbar range of motion, lumbar tenderness to palpation, and normal gait. Lower extremity neurologic exam documented diminished sensation over the left L3, L4, and L5 dermatomes, and 4+/5 left tibialis anterior, extensor hallucis longus, inversion and eversion strength, and 5-/5 left quadriceps and hamstring strength. Straight leg raise was positive on the left. Slump test was positive on the left. Imaging was reviewed. The diagnosis was lumbar radiculopathy, multilevel disc herniation of the lumbar spine at L3/4 and L4/5 with moderate to severe neuroforaminal narrowing, and lumbar facet arthropathy. The treatment plan requested an updated MRI as the prior one had been reported outdated by utilization reviewers.

Chiropractic and acupuncture treatment was also requested 2x4 pending surgical treatment. Authorization was requested for Norco (hydrocodone/APAP 10/325mg #120, and microdiscectomy lumbar surgery on the left L3/4 and L4/5. The 7/15/14 utilization review non-certified the request for Norco (hydrocodone/APAP 10/325mg #120 as there was no indication that the long-term use of opioid had resulted in diminished pain or functional improvement. There was no need for weaning as prior non-certification was noted that had allowed time for discontinuation. The request for microdiscectomy at left L3/4 and L4/5 was non-certified as there was no rationale to support the medical necessity, and no current MRI or electrodiagnostic study demonstrating objective evidence of a nerve impingement radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone/APAP 10/325mg #120): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guideline criteria have not been met for continued use. Records indicate the long-term use of Norco. There is limited evidence of pain relief, and no objective measurable documented of functional benefit associated with the use of this medication. Weaning has previously been recommended with appropriate medication allowance to complete this process. Therefore, this request is not medically necessary.

Microdiscectomy lumbar surgery on the Left L3-L4 and L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Microdiscectomy Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic: Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have been met. This injured worker presents with persistent low back pain with cramping pain in the left calf. Clinical exam findings were consistent with imaging evidence of severe neuroforaminal narrowing and plausible nerve root compression. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.