

<b>Case Number:</b>	CM14-0184371		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	01/06/1987
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2014

### 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. The expert reviewer is Board Certified in Physical Rehabilitation & Pain Management has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 62 year old male with an injury date on 01/06/1987. Based on the 09/03/2014 progress report provided by the treating physician, the diagnoses are: 1. Postlaminectomy syndrome, lumbar 2. Greater trochanteric pain syndrome, left, status post successful steroid injection. 3. Degenerative left hip joint. 4. Chronic opioid therapy. According to this report, the patient complains of low back pain, groin pain and right leg pain. "Pain quality is an aching in the low back, cramping in the hamstrings, stabbing in the right lower leg, and numbness and pins and needles in the feet." Pain is rated as a 5/10. Physical exam reveals tenderness over the left greater trochanter. There is decreased sensation in both feet in a stocking distribution. A Urine drug screen was obtained on 03/03/2014. There were no other significant findings noted on this report. The utilization review denied the request on 09/29/2014. The requesting provider provided treatment reports from 12/02/2013 to 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orthopedic Consultation for the Left Hip, Qty 1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Consultation, Chapter 7, page 127,

**Decision rationale:** According to the 09/03/2014 report, this patient presents with "low back pain, groin pain and right leg pain. The current request is for Orthopedic consultation for the left hip Qty:1"Regarding consultations, ACOEM states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case the patient presents with chronic low back pain and history of lumbar fusion. The requested consultation for the left hip with an Orthopedist appears reasonable and medically indicated. Therefore the request is medically necessary.

**Methadone 10 mg Qty 180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of Opioids Page(s): 60,61;76-78;88-89..

**Decision rationale:** According to the 09/03/2014 report, this patient presents with "low back pain, groin pain and right leg pain. The current request is for Methadone 10mg Qty: 180. This medication was first mentioned in the 12/02/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, "Patient can take care of himself normally, but it increases his pain." Pain prevents the patient from lifting heavy weights, walks/sits/stands more than 10 minutes, going out very often, travel no more than 30 minutes, and sleep more than 4 hours with medication. "Patient can perform most of his housemaking/job duties. The result of the Urine drug screen on 03/03/2014, was appropriate. "There is no suspicion of abuse or misuse of his medications." Patient states "Pain medication provides moderate relief from pain." Pain is rated as a 5/10 for the low back. Review of the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore the request is medically necessary.

**Norco 10/325 mg # 480:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria for use of Opioids Page(s): 60,61;76-78; 88-89.

**Decision rationale:** According to the 09/03/2014 report, this patient presents with "low back pain, groin pain and right leg pain. The current request is for Norco 10/325mg Qty: 480. Norco was first mentioned in the 12/02/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per treating physician, "Patient can take care of himself normally, but it increases his pain." Pain prevents the patient from lifting heavy weights, walks/sits/stands more than 10 minutes, going out very often, travel no more than 30 minutes, and sleep more than 4 hours with medication. "Patient can perform most of his housemaking/job duties."The result of the Urine drug screen on 03/03/2014, was appropriate. "There is no suspicion of abuse or misuse of his medications." Patient states "Pain medication provides moderate relief from pain." Pain is rated as a 5/10 for the low back. Review of the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore the request is medically necessary.