

<b>Case Number:</b>	CM14-0030772		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Occupational Medicine, 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:

Injured worker is a male with date of injury 8/12/2011. Per primary treating physician progress report/request for treatment authorization dated 2/10/2014, the injured worker complains of right hip, neck, and low back pain. He had a L3-4 and L4-5 lumbar fusion on 7/22/2013. He continues to notice over 80% decrease in hpain. He is continuing with his home exercise program and walking. He is taking 1-3 norco per day as needed for his moderate to severe pain. He takes his Flexeril occasionally. He tries to walk a mile every day. He has started having right knee pain which he feels is making it harder for him to walk. He continues to have right hip pain as well. He recently had an x-ray of his right hip done. He was authorized for an H-wave trial. The pain is described as burning in both shoulders and his right hip. He has aching in his low back, right hip and right lower extremity. He has stabbing pain in his right knee. The pain is worse with sitting, standing and walking. He is not currently allowed to bend, lift or twist. His pain is better with sitting, laying down, medications and physical therapy. He rates his low back pain as a 1-3/10 without pain medications and a 0-1/10 with pain medications. He rates his right knee and hip pain at an 8-10/10 without pain medications and a 5/10 with pain medications. On exam he has an antalgic gait. The lumbar spine surgical scar is healed without signs of infection. He has 5/5 bilateral lower extremity strength. Sensation is intact and equal. There is no clonus or increased tone. Babinski's sign is negative. Sciatic notches are pain free to palpation. Sacroiliac joints are non-tender. Tenderness to palpation of anterior and posterior right hip. Patrick's sign and Gaenslen's maneuver are negative. There is tenderness over the paraspinals. Right knee has diffuse tenderness to palpation, full range of motion, and no redness, swelling, or signs of infection. Diagnoses include 1) numbness 2) muscle pain 3) chronic pain syndrome 4) carpal tunnel syndrome 5) cervical radiculitis 6) spinal stenosis in cervical region 7) degenerative disc

disease, cervical 8) neck pain 9) lumbar stenosis 10) lumbar degenerative disc disease 11) low back pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, WEANING OF MEDICATIONS Page(s): 74-95, 124.

**Decision rationale:** Per the requesting provider, opioids are necessary for chronic intractable pain. The injured worker continues to feel that medications help control the pain and increase function. He feels that he can perform increased activities of daily living with medication. He denies any significant side effects with the medications. There is no aberrant behaviour, and he has signed an opioid contract agreeing to receive opioids only from the provider's office. Despite this report by the requesting provider, the functional deficits without pain medication and the improvement with pain medication is not well explained. The lack of aberrant behavior is also not well described. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. It may be the case that this injured worker requires some opioid pain management, however the medical documentation does sufficiently address functional improvement with the use of opioids. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. The request for Norco 10/325 mg #90 is determined to not be medically necessary.

**Computed Tomography (CT) scan Right Hip.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Hip & Pelvis Chapter, Indications for imaging.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) HIP AND PELVIS CHAPTER, INDICATIONS FOR IMAGING - COMPUTED TOMOGRAPHY.

**Decision rationale:** Per the requesting provider, a right hip x-ray was unremarkable. The injured worker is unable to get an MRI, so a CT of the right hip is being requested. The MTUS Guidelines do not address the use of CT scan for hip evaluation. Per the ODG, indications for CT scan of the hip or pelvis include sacral insufficiency fractures, suspected osteoid osteoma,

subchondral fractures, and failure of closed reduction. The injured worker has had a normal x-ray, and the clinical reports do not support the use of CT scan in this injured worker at this time. The request for computed tomography (CT) of the right hip is determined to not be medically necessary.