

<b>Case Number:</b>	CM14-0069587		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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:

The patient is a 40-year-old male who has submitted a claim for right shoulder rotator cuff impingement, s/p right shoulder arthroscopic decompressive surgery, left shoulder rotator cuff impingement, cervical sprain/strain, thoracic sprain/strain, lumbar spine sprain/strain associated with an industrial injury date of June 11, 2012. Medical records from July 17, 2012 up to March 31, 2014 were reviewed showing continued low back pain. Lumbar examination revealed a negative straight leg raise, however there was tenderness over the midline at L4-5 and L5-S1 as well as over the bilateral lumbar facet joints L4-5 and L5-S1. There was restricted range of motion and discomfort with terminal ends of range of motion. There was moderate lumbar paraspinal muscle spasm present. MRI taken on July 17, 2012 showed mild left neural foraminal narrowing at L4-5 with a 2-3mm L paracentral disc bulge. Lumbar X-ray taken on November 21, 2013 showed multilevel degenerative endplate changes with mild spondylosis present anteriorly. There is moderate disc height loss at L4-5 and L5-S1. There is some mild facet joint arthrosis noted at L4-5 and L5-S1. Treatment to date has included chiropractic care, Norco 10/325mg for pain, Naprosyn, and Norflex. Utilization review from May 8, 2012 denied the request for 1 x-ray of the lumbar spine and modified the request for Norco 10/325 mg # 90 to #45. According to ACOEM, lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious pathology. The patient did not present with red flags therefore an x-ray of the spine is not medically appropriate at this time. Guidelines caution against the use of long term use opioids due to risks of dependence and adverse effects. The patient has been taking Norco since at least July 2012. There were no documented reports of continued functional improvement of the patient. Therefore, request has been modified to Norco 10/325mg #45 to initiate weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 x-ray of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s) : 303, 308.

**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 (ODG), Low Back chapter, Radiography (x-rays).

**Decision rationale:** CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In addition, according to ODG, indications for x-rays include lumbar spine trauma. In this case, the patient still complains of low back pain. However, the documentation did not describe any significant worsening of symptoms or re-injury. There was also no discussion regarding failure to respond to treatment. Therefore, the request for 1 X-Ray of the Lumbar Spine is not medically necessary.

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

**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): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on Norco 10/325mg since at least July 2012. There has been no strong evidence of functional improvement and significant pain relief. In addition, there was no documented urine drug screen to monitor aberrant drug-related behaviors. Furthermore, the frequency of dose was not stated. The medical necessity has not been established. Guideline criteria for continuing opioid management have not been met. Therefore, the request for Norco 10/325mg #90 is not medically necessary.