

<b>Case Number:</b>	CM14-0082106		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	11/05/1992
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Family 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 injured worker is a 59 year old male who had a work-related injury on 11/05/92. Mechanism of injury is not submitted. The injured worker ended up having a lumbar fusion surgery with residual left leg weakness and numbness. He has also undergone a right total knee arthroplasty on 01/21/14. His back pain is recorded as moderate to severe in intensity. His low back pain increases with activities. Most recent documentation submitted is dated 08/04/14. He states in the last 2 weeks his back has given out on him twice without a new injury or trauma. First time it was when he was sneezing and he was laid up for 4 days and then again 3 days ago. He is taking Norco 10/325mg with minimal relief. He took Percocet on Friday but experienced nausea but no vomiting. Physical examination noted moves all 4 extremities, no obvious deformity, no sign of stenosis or edemas, peripheral pulses are 2+ bilaterally, strength is 5/5 bilateral lower extremities, capillary refilling is less than 2 seconds, no focal weakness in lower extremities, cranial nerves 2-12 are intact, and motor and sensory intact throughout. In reviewing the medical records, there is no documentation of functional improvement. His range of motion of his lumbar spine has remained the same throughout the medical records that were reviewed. Prior utilization review modified the Norco 10/325mg for weaning and denied the lumbar CT scan to include SI joints. Current request is for lumbar CT scan to include SI joints and Norco 10/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids & Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Therefore, medical necessity has not been established.

**Percocet 10/325mg, #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Therefore, medical necessity has not been established.

**Lumbar CT scan to include SI joints:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, CT (computed tomography)

**Decision rationale:** The request for Lumbar CT Scan to Include sacroiliac joints is not medically necessary. the clinical documentation submitted for review as well as current evidence based guidelines does not support the request. There has been no documentation of significant worsening of symptoms, or has the injured worker suffered from a recent trauma or injury. Therefore medical necessity has not been established.