

Case Number:	CM14-0083635		
Date Assigned:	07/21/2014	Date of Injury:	01/08/2002
Decision Date:	10/01/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 Medicine and Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported injury on 01/08/2002. The mechanism of injury was the injured worker was a pedestrian and was struck in the buttocks by an automobile, which threw him into the windshield and onto the ground. The injured worker was noted to have had surgical interventions on his lumbar spine and his right knee. The prior therapies included physical therapy, steroid injections and medications. The injured worker was noted to undergo MRI and X-rays. The injured worker's medications were noted to include Norco 10/325 as of at least 07/2010. The documentation of 04/21/2014 revealed the injured worker had back pain radiating from the low back down the bilateral legs, right elbow pain, and bilateral knee pain. The injured worker was noted to have complaints of pain in the low back, right elbow, and knees. The pain was rated at 10/10 with spasms down the right leg to the posterior thigh to the heel, which was described as burning, numbness, and tingling. The injured worker's medications were noted to include Norco 10/325, Soma, and Ambien. The injured worker indicated he had prior treatments of a cervical epidural steroid injection and lumbar epidural steroid injection. The injured worker had a physical examination which revealed range of motion was restricted by pain. On palpation of the paravertebral muscles, there was hypertonicity, spasms, tenderness, tight muscle bands, and trigger points with radiating pain and a twitch response upon palpation bilaterally. The physical examination of the right elbow revealed tenderness to palpation of the lateral epicondyle and a positive Cozen's. The diagnoses included post lumbar laminectomy syndrome, abdominal pain, and knee pain. The injured worker was noted to have undergone a urine screen, which was appropriate for the prescribed medications. The documentation indicated the injured worker was to have a prescription for Norco 10/325, up to 6 tabs as needed per day for pain. The injured worker had a CURES report performed on 04/21/2014, which was

consistent. The treatment plan included medications and a referral to a spine surgeon and an orthopedic surgeon. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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 and Opioids - ongoing management Page(s): 60 and 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement and objective measures of decrease in pain, as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2010. The clinical documentation did indicate the injured worker was being monitored for aberrant drug behavior. However, there was no documentation of objective functional benefit and objective decrease in pain; nor was there documentation as to side effects. The request as submitted also failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325mg #180 is not medically necessary.

Spine Surgeon Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) indicates that a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms and a distribution consistent with abnormalities on imaging studies, preferably with objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms. There should be documentation of clear, clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and there should be documentation of a failure of conservative treatment to resolve radicular symptoms. The clinical documentation submitted for review failed to meet the above criteria. There was no official MRI reading and there was a lack of an EMG (electromyography). The documented rationale indicated the consultation was for continued back pain. However, there were no objective findings of myotomal and dermatomal

deficits to support the necessity. Given the above, the request for a spine surgery consultation is not medically necessary.

Orthopedic Surgeon Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-344.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) recommends a surgical consultation for injured workers who have activity limitation for more than 1 month and the failure of an exercise program to increase range of motion and strength of the musculature around the knee. The clinical documentation submitted for review failed to provide objective findings, as well as documentation including MRI scans or x-rays, to support the necessity for an orthopedic consultation. Additionally, the request as submitted failed to indicate the type of orthopedic specialist that was being requested. Given the above, the request for orthopedic surgeon consultation is not medically necessary.