

<b>Case Number:</b>	CM14-0096258		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Nevada. 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 52-year-old gentleman who was reportedly injured on August 13, 2003. The mechanism of injury is a slip and fall. The most recent progress note dated January 16, 2014 is difficult to read and indicates that there are ongoing complaints of left knee and low back pain. The physical examination demonstrated tenderness at the medial and lateral joint lines of the left knee there was a positive drawer sign of the left knee in comparison to the right. An examination of the lumbar spine noted tenderness and spasms as well as tenderness at the left sacroiliac joint. A magnetic resonance image of the lumbar spine and the left knee was recommended as well as a custom knee brace. The diagnostic imaging studies were not reviewed during this visit. A previous treatment includes a left knee anterior cruciate ligament repair. A request had been made for Norco, Soma and a magnetic resonance image of the lumbar spine and was not medically necessary in the pre-authorization process on June 13, 2014.

### 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 74-78 of 127 Page(s): 74-78 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. The management of opiate medications should include the lowest possible dose to improve pain and function as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not recommended as medically necessary.

**Soma 350mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page 63-66 of 127 Page(s): 63-66 OF 127.

**Decision rationale:** Soma is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee was stated to have spasms present along the lumbar spine. However continued use of Soma with another 120 tablets does not indicate episodic short-term usage. For these reasons this request Soma is not medically necessary.

**MRI(Magnetic Resonance Imaging) of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 304. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines- Treatment guidelines, Low back.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** According to the American College of Occupational and Environmental Medicine a magnetic resonance image of the lumbar spine is not indicated if there are no red flag findings of nerve root compromise or significant change of the injured employee symptoms or physical examination findings. According to the attached medical record there is no documentation of any radicular findings on physical examination. Considering this, the request for a magnetic resonance image the lumbar spine is not medically necessary.