

Case Number:	CM14-0207333		
Date Assigned:	12/19/2014	Date of Injury:	01/01/2006
Decision Date:	09/10/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 58 year old female, who sustained an industrial injury on 01-01-2006. She has reported injury to the low back. The diagnoses have included lumbar spine sprain-strain; bilateral lower extremity radiculopathy; lumbar facet degeneration; right wrist-forearm tendinitis-De Quervain's; right shoulder sprain-strain, impingement; cervical degenerative disc disease; status post left total knee replacement; and status post right knee patellofemoral arthroplasty. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Norco and Prilosec. A progress report from the treating physician, dated 11-04-2014, documented an evaluation with the injured worker. The injured worker reported strong lumbar spine pain radiating into the bilateral hips; the pain is increased at night and makes sleeping difficult; the pain is described as severe, frequent, dull, and burning; the pain is rated as 8-9 on a scale of 0 to 10; right knee pain which is described as burning and aching; the pain is on the outside and back of the knee; the pain is rated at 6 on a scale of 0 to 10; and the pain increases with prolonged standing. Objective findings included pain in the paravertebral muscles of the lumbar spine; positive straight leg raise on the left and right with pain; tenderness to palpation of the right peri-patellar region; and pain with McMurray test. The treatment plan has included the request for pain management consultation for the lumbar spine, right knee; and Norco #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consultation for the lumbar spine, Right Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, page 127 and State of Colorado, Chronic Pain Disorder Medical Treatment Guidelines, Exhibit, page Number 52.

Decision rationale: Regarding the request for referral to pain management for consultation and treatment, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has ongoing pain corroborated by physical exam findings. However, it is unclear exactly why pain management consultation is being requested. The patient's current physician seems to feel comfortable prescribing the patient's current medications and it does not appear that the patient is yet a candidate for an epidural injection as there is no documentation of failed conservative treatment or MRI findings supporting a diagnosis of radiculopathy. In light of the above issues, the currently requested referral to pain management for consultation and treatment is not medically necessary.

Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of

the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.