

<b>Case Number:</b>	CM14-0208928		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	08/07/2009
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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

### 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 56 year old female who sustained an industrial/work injury on 8-7-09. She reported an initial complaint of pain in chest, left arm, hands, and knees. The injured worker was diagnosed as having left shoulder impingement, bilateral knee contusion, cervicothoracic spine musculoligamentous strain-sprain, and lumbar spine musculoligamentous strain-sprain with radicular symptoms. Treatment to date includes medication, surgery (right hand, left knee on 6-17-10 and 2003; left hand 11-30-10), physical therapy, injection, and diagnostics. MRI results were reported on 11-28-10. X-ray results were reported on 2-22-11. Currently, the injured worker complained of pain in the left buttock radiating to the left ankle. Pain was 80 percent in the legs and 20 percent in the back. There was numbness of the neck, left shoulder, and back, right hip, right wrist, knees, and ankles. Per the initial orthopedic consultation on 11-6-14, upper and lower measurements were symmetrical; the cervical spine had spasm in the paravertebral muscles bilaterally, and decreased range of motion. The shoulders had decreased range of motion to the left, positive left Hawkins and Neers. The thoracolumbar spine had paraspinal muscles, bilaterally. The knees had positive patellar tenderness bilaterally and positive collateral ligament bilaterally. The requested treatments include Chiropractic Therapy for the lumbar/cervical/left knee and Norco 5/325.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic Therapy 2 times a week for 3 weeks for the Lumbar/Cervical/Left Knee:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiro Treatments Manual Therapy & Manipulation Page(s): 58/59.

**Decision rationale:** The patient was injured on 08/07/09 and presents with pain in the left buttock radiating to the left ankle, low back pain, and leg pain. The request is for Chiropractic Therapy 2 times a week for 3 weeks for the Lumbar/Cervical/Left Knee. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is on a modified work status. Review of the reports provided does not indicate if the patient had any prior chiropractic sessions. MTUS Guidelines, Chiro Treatments Manual Therapy & Manipulation, pages 58-59 allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The patient is diagnosed with left shoulder impingement, bilateral knee contusion, cervicothoracic spine musculoligamentous strain-sprain, and lumbar spine musculoligamentous strain-sprain with radicular symptoms. Treatment to date includes medication, surgery (right hand, left knee on 6-17-10 and 2003; left hand 11-30-10), physical therapy, injection, and diagnostics. MRI results were reported on 11-28-10. X-ray results were reported on 2-22-11. MTUS guidelines "allow up to 18 sessions of treatment following initial trial of 3-6" sessions. The requested 6 sessions of chiropractic therapy is within guidelines. Therefore, the requested chiropractic therapy IS medically necessary.

**Norco 5/325:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) Page(s): 88-89.

**Decision rationale:** The patient was injured on 08/07/09 and presents with pain in the left buttock radiating to the left ankle, low back pain, and leg pain. The request is for Norco 5/325. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is on a modified work status. Treatment reports are provided from 04/14/14 to 11/06/14; however, none of these reports provided mention Norco. It appears that this may be the initial trial for this medication. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following

regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." There is no indication of when the patient began taking Norco nor are there any reports mentioning it. It appears that this is the initial trial for this medication. Review of the reports provided does not indicate if there is any prior opiate use. Given the patient's chronic pain, a trial of opiate would appear reasonable and consistent with the guidelines. The requested Norco IS medically necessary.