

<b>Case Number:</b>	CM14-0085688		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/21/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 47 year old male, who sustained an industrial injury on 3-21-14. He reported pain in the left knee and back. The injured worker was diagnosed as having left leg laceration with infection, bilateral knee contusion and sprain or strain, lumbar spine musculoligamentous sprain or strain with right lower extremity radiculitis, and right ankle sprain or strain. Treatment to date has included medication including Fexmid, Norco, and Anaprox. The injured worker had been taking Fexmid and Norco since at least May 2015. Physical examination findings on 5-6-14 included open wounds on bilateral knees with tenderness to palpation over the medial and lateral joint lines. Patellofemoral crepitus was present bilaterally. Right ankle diffuse swelling and tenderness to palpation over the medial and lateral joint complexes was noted. Tenderness to palpation of the lumbar spine with guarding and spasm was noted over the paravertebral musculature. Straight leg raising test was positive. Sensation to pinprick and light touch in the right lower extremity was decreased. Notes indicate that Norco reduces the patient's pain from 6-7/10 for 1 to 4 hours allowing the patient to perform activities of daily living. The note requested a plastic surgery consult as well as an infectious disease consult for the open wounded in the knee. An x-ray for an unknown date revealed that bilateral knees, left leg, and lumbar spine were within normal limits. An x-ray of the right ankle revealed a heel spur. The injured worker's pain rating was not noted in the medical records provided. On 5-6-14, the injured worker complained of left leg pain, bilateral knee pain, right ankle pain, and low back pain. On 5-15-14 the treating physician requested authorization for 12 chiropractic treatments with myofascial release, a consultation with a plastic surgeon for the left leg wound, Norco 5mg, Fexmid 7.5mg #60, and an x-ray of bilateral knees, right ankle,

and lumbar spine. On 5-28-14 the consultation with a plastic surgeon for the left leg wound and Norco 5mg were non-certified. The utilization review physician modified chiropractic treatment to a quantity of 6, Fexmid was modified to a quantity of 42, and x-rays were modified to certify an x-ray of the right ankle and right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **12 Chiropractic Manipulation treatments with myofascial release: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested chiropractic care. Additionally, the currently requested 12 treatment sessions exceeds the initial trial recommended by guidelines of 6 visits. If the patient has undergone chiropractic therapy previously, there is no documentation of any objective functional improvement that has been sustained as a result of that treatment. In the absence of clarity regarding the above issues, the currently requested chiropractic care is not medically necessary.

#### **Consultation with Plastic Surgeon for Left Leg Wound left leg wound: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for consultation, 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, it appears the patient still has a non-healing ulcer in the leg. The requesting physician has asked for an infectious disease consult which seems to be in next step in the management of this issue. The plastic surgery consult may

be needed, once the infection is under control. However, it seems reasonable to proceed with infectious care prior to plastic surgery consultation. As such, the currently requested consultation is not medically necessary.

**Norco 5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco 5mg, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no intolerable side effects. Unfortunately, the current request for "Norco 5 mg," does not include a frequency or duration of use. Guidelines do not support the open-ended application of any treatment modality especially opiate pain medication which requires regular follow-up. Unfortunately there is no provision to modify the current request. As such, the currently requested Norco 5mg is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.

**X-ray of the bilateral knees, right ankle, and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004, and Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, and Knee Complaints 2004, Section(s): Special Studies, and Ankle and Foot Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Radiography (X-rays), Knee Chapter, Radiographs.

**Decision rationale:** Regarding request for X-ray of the bilateral knees, right ankle, and lumbar spine, Occupational Medicine Practice Guidelines state that x-rays should not be recommended in patients with back pain in the absence of red flags for serious spinal pathology even if the pain has persisted for at least 6 weeks. However, it may be appropriate when the physician believes it would aid in patient management. Guidelines go on to state that subsequent imaging should be based on new symptoms or a change in current symptoms. Within the documentation available for review, it is clear the patient has had substantial imaging already provided. There is no statement indicating how the patient's symptoms or findings have changed since the time of the most recent imaging. Additionally, the requesting physician has not stated how his medical decision-making will be changed based upon the outcome of the currently requested x-rays. In the absence of clarity regarding those issues, the currently requested X-ray of the bilateral knees, right ankle, and lumbar spine is not medically necessary.