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| Case Number: | CM14-0099925 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 05/24/2014 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 06/03/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. 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 patient is a 59 year old male with an injury date of 11/16/11. Based on the 12/09/14 progress report provided by treating physician, the patient complains of cervical spine, knee, elbow, hip, and low back pain radiates to the bilateral lower extremities. Physical examination to the lumbar spine revealed pain and tenderness, muscle guarding, spasm and bilateral positive straight leg raise test. Norco was prescribed in progress reports dated 05/22/13, 09/21/14 and 12/09/14. Patient is on home exercise program. Urine toxicology test dated 09/24/14 was consistent with prescription of Hydrocodone. Progress reports were handwritten and illegible. Per QME report dated 06/24/14, patient has not worked since November 2011. Diagnosis, per QME 06/24/14- gastropathy; suspect ulcer/anatomical alteration- weight gain- diabetes mellitus- hyperlipidemia- sleep disorder- fatty liver/enlarged- elevated liver enzymes- blurry vision, suspect diabetic retinopathy Diagnosis 08/08/14, 09/21/14, 12/09/14- bilateral knee status post patellofemoral arthroplasty- left elbow med epicondylitis- cervical spine sprain/strain- lumbar spine sprain/strain, bilateral lower extremity radiculopathy- diabetes mellitus The utilization review determination being challenged is dated 06/03/14. Treatment reports were provided from 03/05/13 - 12/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with cervical spine, knee, elbow, hip, and low back pain radiates to the bilateral lower extremities. The request is for NORCO 10/325MG #60. Patient is status post bilateral knee patellofemoral arthroplasty, date unspecified. Patient's diagnosis on 12/09/14 included left elbow med epicondylitis, cervical spine sprain/strain, lumbar spine sprain/strain, bilateral lower extremity radiculopathy, and diabetes mellitus. Norco was prescribed in progress reports dated 05/22/13, 09/21/14 and 12/09/14. Patient is on home exercise program. Urine toxicology test dated 09/24/14 was consistent with prescription of Hydrocodone. Progress reports were handwritten and illegible. Per QME report dated 06/24/14, patient has not worked since November 2011. MTUS Guidelines pages 88 and 89 states, "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 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. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding analgesia, adverse effects, aberrant drug behavior and specific ADL's, etc. UDS submitted, however No CURES or opioid pain contract mentioned. Treater has not discussed return to work or change of work status either. Given the lack of documentation as required by MTUS, the request is not medically necessary.

1 ROM (Range of Motion): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under ROM, Flexibility

Decision rationale: The patient presents with cervical spine, knee, elbow, hip, and low back pain radiates to the bilateral lower extremities. The request is for 1 ROM (RANGE OF MOTION). Patient is status post bilateral knee patellofemoral arthroplasty, date unspecified. Patient's diagnosis on 12/09/14 included left elbow med epicondylitis, cervical spine sprain/strain, lumbar spine sprain/strain, bilateral lower extremity radiculopathy, and diabetes mellitus. Norco was prescribed in progress reports dated 05/22/13, 09/21/14 and 12/09/14. Patient is on home exercise program. Urine toxicology test dated 09/24/14 was consistent with prescription of Hydrocodone. Progress reports were handwritten and illegible. Per QME report dated 06/24/14, patient has not worked since November 2011. There are no evidence based

guidelines discussions regarding computerized ROM testing. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG Low Back Chapter, under ROM, Flexibility states "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value." Treater has not provided reason for the request, nor indicated the area of the body that applies. In this case, ROM measurements obtained in degrees is something that can be easily obtained via clinical examination, and is part of routine physical examination findings. Computerized ROM measuring is not supported by guidelines. Therefore the request is not medically necessary.