

<b>Case Number:</b>	CM15-0109429		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/10/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 46 year old male, who sustained an industrial injury on 11/10/11. The injured worker has complaints of low back pain with soreness and numbness. The documentation noted that since the surgery the injured worker reports having numbness down the left lower extremity from the knee to toes. The documentation noted that the injured worker has decreased range of motion in the spine and sensation decreased over medial left knee. The diagnoses have included degenerative disc disease of the lumbar spine; lumbar stenosis; left knee arthralgia and lumbar radiculopathy. Treatment to date has included electromyography/ nerve conduction study of the bilateral lower extremities dated 7/15/14 read as normal; magnetic resonance imaging (MRI) of the lumbar spine on 8/15/14 showed degenerative disc disease and facet arthropathy with dextroscoliosis and retrolisthesis L3-L4 and L4-L5, canal stenosis includes L3-L4 and L4-L5 mild canal stenosis and neural foraminal narrowing includes L3-L4 mild to moderate left and L4-L5 mild right, moderate left neural foraminal narrowing; magnetic resonance imaging (MRI) of left knee; nonsteroidal anti-inflammatory drugs (NSAIDs); opiates; therapy; home exercise program and epidurals and norco. The request was for norco 10/325mg #90 and chiropractic two times six.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck, low back, and shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient had surgery on 01/13/15. The physician indicates that the pain level is currently a 2/10 on the pain scale but it is unclear if pain relief is due to medication or to surgery. Additionally, medical documents indicate that the patient has been on Norco since at least 9/2014, in excess of the recommended 2-week limit. The previous reviewer modified the request to Norco 10/325 MG #45 to allow for tapering and weaning. As such, the question for Norco 10/325 MG #90 is not medically necessary.

**Chiropractic 2x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Chiropractic, Manipulation.

**Decision rationale:** ODG recommends chiropractic treatment as an option for acute low back pain, but additionally clarifies that "medical evidence shows good outcomes from the use of manipulation in acute low back pain without radiculopathy (but also not necessarily any better than outcomes from other recommended treatments). If manipulation has not resulted in functional improvement in the first one or two weeks, it should be stopped and the patient reevaluated." Additionally, MTUS states "Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of

up to 18 visits over 6-8 weeks. Elective /maintenance care: Not medically necessary.  
Recurrences/flare-ups: Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months." Medical documents indicate that patient has undergone 24 chiropractic sessions prior to surgery on 01/13/2015. The treating provider indicated temporary relief from this treatment. The previous reviewer has modified the request due to post operative treatment, approving a trial of 8 chiropractic sessions. As such, the request for Chiropractic 2 x 6 is not medically necessary.