

<b>Case Number:</b>	CM15-0144362		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52-year-old female who sustained an industrial injury on 05/22/2009. Mechanism of injury occurred when she was pulling a plastic off the shipper and fell on her back. She has had other work related injuries on 04-20-2005, 02-05-2006, 08-07-2007, and 11-07-2007. Diagnoses include status post medial and lateral meniscectomy of the right knee with chondroplasty and medial femoral condyle on 10-27-2014, status post L4-S1 anterior posterior fusion on 11-28-2012, oblique tear posterior horn meniscus-right, L5-S1 degenerative disc, 6.5 disc extrusion encroaching on the bilateral S1 nerve, with intermittent radiculopathy, right knee degenerative joint disease and chondromalacia, L4-L5 annular tear, 6mm disc bulge, moderate disc height loss, facet arthropathy and neural foraminal stenosis, cervical spine C3-C7 disc degeneration with non-verifiable radiculopathy, rotator cuff syndrome and right ankle sprain. Treatment to date has included diagnostic studies, medications, therapy, Synvisc injection to the right knee with no relief, and physical therapy. Her medications include Motrin, Norco and Prilosec. A physician progress note dated 07-08-2015 documents the injured worker complains of right knee pain, and neck pain that radiates to the bilateral upper extremities. She has lumbar pain that is increasing and radiates to her bilateral lower extremities. She rates her pain without medications as 9 out of 10. She rates her right knee pain as 9 out of 10 with medications. There is tenderness to touch over the paravertebral and sciatic notches. Lumbar range of motion is restricted. Her right knee shows medial fusion and tenderness to the medial joint line. Range of motion is restricted and painful. There is mild varus and valgus instability with painful valgus stress on the right knee. She walks with a normal gait. The treatment plan includes a referral for

consultation with orthopedic surgeon who specializes in knee replacements. Treatment requested is for Norco 5/325mg #45, outpatient X-Ray lumbar with AP, lateral, flexion and extension.

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

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

#### **Outpatient X-Ray Lumbar with AP, Lateral, Flexion and Extension: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** According to MTUS guidelines, x ray of the lumbar spine is indicated in case of disc protrusion, post laminectomy syndrome, spinal stenosis and equina syndrome. In this case, there is no documentation suggestive that the patient is considering surgery or other invasive treatment for his back. In addition, there is no objective documentation revealing lumbar instability or spondylosis. Therefore, the request for X-Ray Lumbar with AP, Lateral, Flexion and Extension is not medically necessary.

#### **Norco 5/325mg #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 5/325mg #45 is not medically necessary.