

Case Number:	CM15-0144720		
Date Assigned:	08/06/2015	Date of Injury:	09/08/2008
Decision Date:	09/21/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 York
 Certification(s)/Specialty: Internal 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 53-year-old male, who sustained an industrial injury on 9-8-08. The mechanism of injury was not indicated. The injured worker was diagnosed as having lumbar spine myofascitis with radiculitis, status post left hip arthroscopic surgery and status post left knee arthroscopic surgery. Treatment to date has included left knee arthroscopy, arthrogram injection of right hip and oral medications. Currently, the injured worker reports increased right hip pain following arthrogram injection and unbearable shoulder pain, right knee giving out and unchanged back and left hip pain. He is currently not working. Physical exam noted tenderness of lumbar spine with restricted range of motion and limited right hip range of motion. A request for authorization was submitted for consult and treatment, chiropractic treatment, Norco 10-325mg #240, Soma 350mg #90, Xanax 1mg #30 and Oxycontin 30mg #30 on 7-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 240: 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 rationale: According to the CA MTUS, Norco 10-325mg (Hydrocodone-Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit or of intensity of pain, relief from pain and duration of pain after taking opioid. He is currently not working. It is unclear how long he has utilized Norco; however, on 5-5-15 a prescription was given for Norco. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Soma 350 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, Soma Page(s): 29, 65.

Decision rationale: The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant requested in this case. This medication is sedating. No reports show any specific and significant improvements in pain or function because of prescribing muscle relaxants. According to the MTUS guidelines, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Soma is not recommended for longer than 2 to 3 weeks; the injured worker had received Soma since at least 5-5-15. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added.

Xanax 1 mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with

antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. It is unclear how long the injured worker has utilized Xanax, however progress note dated 5-5-15 noted a prescription for Xanax was given. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Chiropractic therapy, Right Hip & Lumbar Spine, 2 times wkly for 4 wks, 8 sessions:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis - Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 57-59.

Decision rationale: CA MTUS recommends manipulation as an option for low back pain for 6-12 visits over a 2-4 week period with an assessment at the midpoint and end of treatment to note any clinical gains with follow up of 4-12 sessions over a 2-4 week period. It is widely used in the treatment of musculoskeletal pain and is manual therapy that moves a joint beyond the physiologic range of motion. In this case, the injured worker complained of low back pain, painful range of motion and pain in right knee, right hip and left hip. At this time, the reason for the pain is not clear and injured worker is awaiting consultation with specialist; therefore, the chiropractic treatment at this time is not medically necessary.

Right Hip Consult & Treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM OMPG Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction PAGE 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office visits.

Decision rationale: MTUS explains how the chronic pain medical treatment guidelines apply. It states that generally providers should begin with an assessment of the presenting complaint and a determination as to whether there is a "red flag for a potentially serious condition" which would trigger an immediate intervention. Upon ruling out a potentially serious condition, conservative management is provided and the patient is reassessed over the next 3-4 weeks. If the complaint persists during this interval, the treating physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. ODG states Office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function

of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Medical records indicate abnormal findings noted on the imaging studies, that needs evaluation by the specialist, therefore the requested treatment is medically necessary.