

<b>Case Number:</b>	CM15-0148229		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	05/15/2000
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	06/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 67-year-old female, who sustained an industrial injury on 5-15-2000. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar disc displacement, facet arthropathy, radiculopathy, headaches, anxiety, depression, and chronic pain. Currently, she complained of low back pain with radiation to the left lower extremity and left knee pain. Pain was rated 5 out of 10 VAS with medication and 7 out of 10 VAS without medication. She reported increased pain since the last visit. On 6-4-15, the physical examination documented cervical tenderness and lumbar tenderness. Range of motion for the lumbar spine was decreased and facet signs were present. The plan of care included a request for an orthopedic consultation for a second opinion and prescriptions for Norco 10-325mg #150.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) orthopedic consultation for second opinion:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78, 79, 90.

**Decision rationale:** Per the MTUS Guidelines, the clinician acts as the primary case manager. The clinician provides medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The clinician should judiciously refer to specialists who will support functional recovery as well as provide expert medical recommendations. Referrals may be appropriate if the provider is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, per the available documentation with injured worker was recently approved for a consult with an ortho surgeon due to an increase in pain despite conservative treatments. It is unclear if that appointment took place, recently, it was documented that the injured workers pain level had decreased by 50%. It is unclear what the referral to ortho is pertaining to; therefore, the request for one (1) orthopedic consultation for second opinion is determined to not be medically necessary.

**One (1) prescription of Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. Norco was recently approved for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for one (1) prescription of Norco 10/325mg #150 is determined to not be medically necessary.