

Case Number:	CM15-0182392		
Date Assigned:	09/23/2015	Date of Injury:	01/15/1998
Decision Date:	10/28/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/16/2015

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: Emergency 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 female with an industrial injury date of 01-15-1998. Medical record review indicates she is being treated for right shoulder pain with reduced range of motion-exacerbation, musculoligamentous sprain-strain of the lumbar spine, bilateral knee pain - status post left knee arthroscopy in 1998 with exacerbation left greater than right knee, Lumbar decompression and fusion at lumbar 4-5 (2010), cervical radiculopathy, diffuse generalized trigger points and pain, depression with anxiety, sleep impairment due to pain and weight gain due to immobility. Subjective findings on 08-31-2015 included left knee. "The knee gets swollen, popping and gets locked, making her trip over and fall to the ground." Other documented complaints included lower back pain , radiating to the buttocks, described as "sharp, throbbing and burning," right front and lateral thigh is constantly tingling and numb, and mid back ache. The injured worker also complained of bloating and pain in the epigastrium increasing with taking medications. She complained of nausea and constipation "with frequent blood per rectum" and headaches "associated with photo and phono sensitivity and nausea." On 08-31-2015 the injured worker was "temporary totally disabled." Her medications included Proair inhaler as needed, Norco 10-325 (since at least 02-16-2015) three to four times a day as needed severe pain, Fioricet with codeine daily as needed 3-4 times per week, Lunesta 3 mg at bedtime, Prozac 50 mg at bedtime, Melatonin 10 mg at bedtime, Vitamin D, medical cannabis, Singular and Topamax 25 mg at bedtime. "She received an approval for Lidoderm patches on 02-25-2015." "The patches do not help with pain." In the 06-05-2015 in the agreed medical evaluation the injured worker rated her neck pain as 7 out of 10, right shoulder pain as 8 out of

10 and back pain as 9 out of 10. Physical exam findings on 08-31-2015 are documented as anterior and posterior tenderness of right shoulder. "Trigger points in the right supraspinatus, infraspinatus, trapezius and rhomboid." Lumbar spine examination revealed tenderness at bilateral sciatic notch and trochanteric tenderness bilaterally. The left knee exam revealed "severe" tenderness medial left with range of motion limited due to pain. Prior treatment included surgery, epidural steroid injections, Diclofenac, Tizanidine, massage therapy, physical therapy for low back and knees, psychological counseling, pain medications, and medications for sleep. The injured worker had a spinal cord stimulator placed on 07-06-2015 and reported 80% relief in her low back and legs. "Her activity increased; sleep improved (3-4) hours and medication decreased by 20%". Urine drug screen was documented as consistent with prescribed medications on 07-20-2015. The requested treatments are for orthopedic mattress, quantity 1 and Norco 10-325 # 90 with 2 refills quantity 270. On 09-11-2015 the request for orthopedic mattress, quantity 1 and Norco 10-325 # 90 with 2 refills quantity 270 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #90 with 2 refills Qty 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of any objective improvement in functional status or appropriate documentation of improvement in pain. Patient has chronically been on opioids and there is no documentation of attempts at weaning or long term plan. Refills for Norco, a schedule 2 opioid, is not legal or appropriate. Norco is not medically necessary.

Orthopedic mattress Qty 1: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Thoracic and Lumbar, Mattress Selection.

Decision rationale: According to the Official Disability Guideline (ODG), mattress selection is subjective and is not recommended due to lack of evidence to support any special mattress selection in low back pain. As per ODG, mattress selection and comfort appears to be purely subjective. Therefore it is not medically recommended.

