

<b>Case Number:</b>	CM15-0191640		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Montana, Oregon, Idaho

Certification(s)/Specialty: Orthopedic Surgery

### 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 39 year old male, who sustained an industrial injury on 5-24-11. The injured worker was diagnosed as having chronic knee pain, complex regional pain syndrome right lower extremity; degenerative joint disease right knee; history chronic lateral patellar dislocation; low back pain; lumbar radiculopathy; gastroesophageal reflux disorder; right lower extremity complex regional pain syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-28-15 indicated the injured worker was in the office for a follow-up visit. The provider documents "Lateral knee pain is worsening this month around the proximal tibial incision site. Pain remains managed with Norco 10-325mg 1 po tid. Membrane stabilizers have been tried and failed. He reports mild pain relief and functional improvement with a greater ability to perform light household tasks. He remains uninterested in pursuing interventional treatments." On physical examination, the provider documents "Right lower extremity skin is intact and mottled below the knee. Stocking glove hyperesthesia is noted in the right lower extremity from the mid-thigh to the plantar aspect of the phalanges 3, 4 and 5. Cervical: tenderness noted at the C6-C7 levels at the cervical facets bilaterally. No upper extremity radiculopathy is noted. Lumbar: tender in the L4-L5, L5- S1 levels with a complaint of left lower extremity pain in L5, S1 pattern. The right knee has a healed hockey stick type incision extending into the lateral joint line. There is palpable hardware in the anterior tibial tubercle and worsening allodynia at the medial lateral and posterior joint lines." The provider notes a T99 bone scan was ordered to exclude infection or non-union fracture as an underlying pain generator. The provider notes a "Complex decision was reached to continue Norco 10-

325mg one p.o. t.i.d. for management of an industrial lower extremity pain. Patient is a good candidate for resumption of opioid therapy carefully considering the 4 "A's. UDT was consistent with prescribed medication. Opioid risk assessment is moderate for abuse potential." Documentation dated 7-29-15 indicated "hardware revision and medial patellar roofing along with partial medial and lateral meniscectomy and unosaic tibial chondral transfer on 1-27-14." A Request for Authorization is dated 9-29-15. A Utilization Review letter is dated 9-10-15 and non-certification for Whole Body Bone Scan and Norco 10/325mg #90. A request for authorization has been received Whole Body Bone Scan and Norco 10/325mg #90.

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

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

#### **Whole Body Bone Scan: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, CRPS, diagnostic tests; Knee & Leg (Acute & Chronic) Chapter, bone scan.

**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.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of bone scan. According to ODG, Low Back, Bone Scan, "Not recommended, except for bone infection, cancer, or arthritis, [Note: This is different from the 1994 AHCPR Low Back Guideline, which said "Recommend if no improvement after 1 month" for Bone scan. (Bigos, 1999)] Bone scans use intravenous administration of tracer medications to show radioactive uptake to detect metastases, infection, inflammatory arthropathies, significant fracture, or other significant bone trauma."In this case there is lack of evidence in the records from 8/28/15 to warrant a bone scan. The records do not indicate evidence or suspicion of cancer. There are no laboratory or x-ray results which would indicate a suspicion for infection or fracture. There is no documented history of rheumatologic disease. Therefore, the request for a bone scan is not supported by the guidelines and the determination is not medically necessary.

#### **Norco 10/325mg #90: 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 for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of consistently documented functional improvement or percentage of relief. There is not documented evidence that he has maximized non narcotic multimodal pain management trials. The injured worker has tested positive for illegal substances in the past and according to the records has had a felony conviction for possession of illegal drugs which makes him high risk for abuse. Therefore, based on the guidelines, the request for Norco is not medically necessary.