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| Case Number: | CM15-0192171 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 09/18/2009 |
| Decision Date: | 11/16/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who sustained an industrial injury on 09-18-2009. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar facet joint arthropathy and rotator cuff tear. The injured worker is status post right knee arthroscopy times 2 left knee arthroscopy (no date documented) and right rotator cuff repair in 08-2012. According to the treating physician's progress report on 09-03-2015, the injured worker continues to experience low back and right shoulder pain. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paraspinal muscles overlying the L4-S1 facet joints with lumbar range of motion decreased by approximately 50% due to pain. Lumbar extension was worse than flexion. Facet joint provocative maneuvers were positive. Sacroiliac (SI) provocative maneuvers were negative bilaterally except Gaenslen's, Patrick's and sacroiliac compression tests were positive on the right. Nerve root tension signs were negative bilaterally. Patellar reflexes were 2 plus and symmetric bilaterally and Achilles were 1 plus and symmetric bilaterally. Motor strength of the bilateral lower extremity was within normal limits. Bilateral shoulder range of motion, right side worse than the left, was restricted in all planes due to pain. Prior treatments have included diagnostic testing, surgery with post-operative physical therapy for the knees and right shoulder (36 sessions), facet joint injections, L5-S1 facet joint radiofrequency ablation on 01-16-2015 and medications. The injured worker remains on temporary total disability (TTD). Current medication was listed as Norco 7.5-325mg (at least since 2012). Treatment plan consists of follow-up visit post rhizotomy and on 09-18-2015 the provider requested authorization for Norco

7.5mg-325mg #60 and one orthopedic consultation for the right shoulder. On 09-18-2015 the Utilization Review determined the request for Norco 7.5mg-325mg #60 and one orthopedic consultation was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids (Classification).

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

Decision rationale: The current request is for Norco 7.5-325MG #60. Prior treatments have included diagnostic testing, surgery with post-operative physical therapy for the knees and right shoulder (36 sessions), facet joint injections, L5-S1 facet joint radiofrequency ablation on 01-16-2015 and medications. The patient remains on temporary total disability (TTD). MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 09/03/15, the patient presents with low back and right shoulder pain. Examination of the lumbar spine demonstrated tenderness to palpation of the lumbar paraspinal muscles overlying the L4-S1 facet joints with lumbar range of motion decreased by approximately 50% due to pain. Bilateral shoulder range of motion was restricted in all planes due to pain. This patient has been prescribed Norco since 2012. Progress reports note that Norco provides 70% improvement of pain with 70% improvement in ADL's such as self-care and dressing. Urine drug screens have been consistent with no aberrant behaviors, and the patient has signed a pain contract. The same generic statement regarding efficacy are provided throughout the reports. Generic statement of medication efficacy does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and lack of aberrant behaviors. In this case, the treater fails to specify activity-specific improvements attributed to the use of Norco. It is not clear why the patient would not be able to "self-care" or get dressed without medications. MTUS Guidelines require activity-specific functional improvements when narcotic medications are used for chronic pain; in this

case, no such documentation is provided. Therefore, the request is not medically necessary and the patient should be weaned per MTUS.

1 orthopedic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, and page 127.

Decision rationale: The current request is for 1 Orthopedic Consultation. Prior treatments have included diagnostic testing, surgery with post-operative physical therapy for the knees and right shoulder (36 sessions), facet joint injections, L5-S1 facet joint radiofrequency ablation on 01-16-2015 and medications. The patient remains on temporary total disability (TTD). ACOEM, Independent Medical Examinations and Consultations, chapter 7, page 127 states that the "occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." Per report 09/03/15, the patient presents with low back and right shoulder pain. Examination of the shoulder revealed decreased range of motion on all planes due to pain. The treater recommended an orthopedic consultation. The patient is status post right shoulder surgery on 08/28/12 and continues to report persistent pain. ACOEM guidelines indicate that such consultations are supported by guidelines at the care provider's discretion. Given this patient's ongoing complaints and surgical history, a consultation with a specialist is appropriate. Therefore, the request is medically necessary.