

Case Number:	CM15-0196580		
Date Assigned:	10/12/2015	Date of Injury:	08/30/1990
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/06/2015

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: Illinois, California, Texas
 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:

This injured worker is a 66-year-old female who sustained an industrial injury on 8/30/90. The mechanism of injury was not documented. Past surgical history was positive for L3-S1 lumbar fusion. Records documented that the injured worker had been prescribed Norco 10/325 mg since at least 4/23/15 with on-going documentation of 50% reduction in pain and 50% improvement in functional ability to perform activities of daily living and walk, sit, and stand. The 8/13/15 pain management report cited low back pain radiating down the right leg and right hip. Pain was rated 8-9/10. Pain medications helped 50% with functional improvement with activities of daily living, including ability to walk 2 blocks, sit for 1 hour, and stand for 30 minutes. Physical exam documented limited range of motion, increased pain on extension, positive bilateral straight leg raise, and decreased bilateral L5/S1 sensation. Surgery was reported as pending. She underwent exploration of the fusion at L5/S1 with removal of hardware on 9/8/15. The 9/17/15 pain management indicated that the injured worker complained of low back pain radiating down the right leg pain. She was status post removal of hardware in the lumbar spine. Pain was rated 5/10 with medications, and 10/10 without medications. Medications allowed her to be out of bed, walking and sitting after recent low back surgery. Physical exam documented marked loss of lumbar range of motion, decreased sensation bilateral anterior thighs, and excellent healed incision with no signs of infection. The diagnosis was lumbosacral spondylosis and status post lumbar fusion. The treatment plan included refills of medications and follow-up with the surgeon for a post-operative visit. Authorization was requested for one follow-up visit and Norco 10/325 mg #180. The 9/23/15 spine surgery report indicated that the injured worker was two weeks out

from removal of her bilateral pelvic bolts. She still had some soreness and inflammation, with no more drainage from the wound. Physical exam documented well-healed incisions. She had satisfactory gait without sensory or motor deficits. Staples were removed. X-rays showed a solid-appearing fusion from L3 to S1 fusion, with interval removal of the bilateral pelvic bolt. Follow-up was recommended in 4 to 6 weeks. The 9/24/15 utilization review non-certified the request for one follow-up visit as a follow-up visit had been certified in utilization review on 9/21/15 and the medical necessity of additional follow-up was not established at this time. The request for Norco 10/325 mg #180 was modified to Norco 10/325 mg #84 to allow for short-term use following surgery. The medical necessity of further use of opioid therapy should be determined once the injured worker is no longer in the acute phase.

IMR ISSUES, DECISIONS AND RATIONALES

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

One follow up visit: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic): Office visits. (2015).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic: Office visits and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127.

Decision rationale: The California MTUS guidelines do not specifically address follow-up visits but guidelines state that referrals may be appropriate if the practitioner is uncomfortable with treating a particular cause of delayed recovery. ACOEM guidelines support referral to a specialist 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 consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. The Official Disability Guidelines recommend evaluation and management office visits as determined to be medically necessary. 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. Guideline criteria have been met. In this case, a request for a follow-up was certified in utilization review on 9/21/15. However, that visit was performed on 9/23/15 and an additional follow-up by the surgeon was requested in 4 to 6 weeks to follow-up on persistent low back and radicular symptoms. Given the persistent symptoms, follow-up with the surgeon is medically appropriate and reasonable. Therefore, this request is medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Guideline criteria have been met. This injured worker presents with chronic radicular low back pain. She is status post L3-S1 fusion with removal of hardware on 9/8/15. Norco has been prescribed for this injured worker since at least 4/23/15 with consistent documentation of 50% pain relief and associated 50% objective improvement in functional ability to perform activities of daily living. The long-term use of this opioid medication is documented consistent with guidelines. Therefore, this request is medically necessary.