

<b>Case Number:</b>	CM15-0199287		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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(n) 64 year old male, who sustained an industrial injury on 2-12-09. The injured worker was diagnosed as having pain in limb. Medical records (3-17-15 through 8-4-15) indicated 6-7 out of 10 pain with medications and 7-8 out of 10 pain without medications in his right lower extremity and lower back. The physical exam (4-14-15 through 8-4-15) revealed tenderness over the talo-fibular ligament, no swelling or deformity and movements are restricted by pain. There is also restricted lumbar range of motion due to pain and an antalgic gait due to right lower extremity pain and compensation. As of the PR2 dated 9-1-15, the injured worker reports right ankle pain. He rates his pain 6 out of 10 with medications and 7 out of 10 without medications. Objective findings include tenderness over the talo-fibular ligament, no swelling or deformity and movements are restricted by pain. Current medications include Colace, Lidoderm patch, Terazosin, Wellbutrin, Coumadin, Paxil and Norco (since at least 9-17-13). The urine drug screen on 7-8-15 was consistent for prescribed medications. Treatment to date has included a compression stocking for the right lower leg, psychiatric treatments and Gabapentin. The treating physician requested chiropractic manipulation x 12 sessions and Norco 10-325mg #60. The Utilization Review dated 9-11-15, non-certified the request for chiropractic manipulation x 12 sessions and modified the request for Norco 10-325mg #60 to Norco 10-325mg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic manipulation, 12 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic manipulation 12 sessions is not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnosis is pain in limb. Date of injury is February 12, 2009. Request for authorization is September 3, 2015. According to an April 3, 2012 progress note, the treating provider prescribed Norco 10/325mg b.i.d. utilization review recommended Norco 10/325mg weaning according to certification number 1144662. According to September 1, 2015 progress note, subjective complaints include right ankle pain 6/10 that is unchanged. The injured worker ambulates with a cane and is receiving ongoing physical therapy. Six chiropractic treatments were certified on July 14, 2015 (certification #1140809). There are no chiropractic treatment sessions for progress notes contained in the medical record. Objectively, there is positive lumbar facet loading. There is left knee guarding to palpation in the posterior fossa. There is decreased range of motion right ankle and tenderness at the talo-fibular ligament. There is no documentation demonstrating objective functional improvement. There are no chiropractic treatment sessions documented in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement with prior certified chiropractic treatment and no compelling clinical facts indicating additional chiropractic manipulation is indicated, chiropractic manipulation 12 sessions is not medically necessary.

**Norco 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is pain in limb. Date of injury is February 12, 2009. Request for authorization is September 3, 2015. According to an April 3, 2012 progress note, the treating provider prescribed Norco 10/325mg b.i.d. utilization review recommended Norco 10/325mg weaning according to certification number 1144662. According to September 1, 2015 progress note, subjective complaints include right ankle pain 6/10 that is unchanged. The injured worker ambulates with a cane and is receiving ongoing physical therapy. Six chiropractic treatments were certified on July 14, 2015 (certification #1140809). There are no chiropractic treatment sessions for progress notes contained in the medical record. Objectively, there is positive lumbar facet loading. There is left knee guarding to palpation in the posterior fossa. There is decreased range of motion right ankle and tenderness at the talo-fibular ligament. There are no chiropractic treatment sessions documented in the medical record. As noted above, Norco weaning was recommended. The treating provider still prescribes Norco 10/325mg b.i.d. to date. There are no detailed pain assessments or risk assessments. There is no documentation demonstrating objective functional improvement to support ongoing Norco. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, recommendations for weaning despite ongoing Norco 10/325mg b.i.d. use, and no documentation demonstrating objective functional improvement, Norco 10/325mg # 60 is not medically necessary.