

Case Number:	CM15-0201280		
Date Assigned:	10/16/2015	Date of Injury:	02/08/2009
Decision Date:	11/25/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/14/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 44 year old female with a date of injury on 02-08-2009. The injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, left ankle sprain, morbid obesity, and left knee sprain. A physician progress note dated 08-04-2015 documents the injured worker's toxicology report from 09-01-2015 was inconsistent. Physician progress notes dated 08-04-2015 and 08-17-2015 documents have complaints of constant pain in her left and right back to her left foot and toes. Valsalva and Kemp's test are positive. There is tenderness to palpation, muscle guarding and spasms bilaterally. Palpation reveals moderate tenderness at the sciatic nerve on the left. Lumbar range of motion is restricted and painful. She rates her pain as a 5-6 out of 10. She has numbness and tingling in the left foot and toes. Her pain is the same from her last visit. She has constant pain in her left knee that she rates as 7-8 out of 10. She has a positive McMurray test. There is frequent pain in her left ankle that she rates 3 out of 10. She has numbness in the ankle left foot and toes. She has a positive drawer test, and anterior drawer test and lateral stability positive. Her pain is the same. She has some swelling in her legs and left ankle. Her pain is reduced with medications, rest, activity modification and heat. On examination she has an antalgic gait. She has swelling in her legs. Treatment to date has included diagnostic studies, and medications. Work status was not documented. Current medications include Norco (03-24-2015), Naproxen, Celebrex, Coumadin and Lasix. The treatment plan includes lumbar spine exercises kit, Norco 10/325mg #120, urine drug screen, obtain prior Magnetic Resonance Imaging study and

encourage exercise. On 10-05-2015 Utilization Review non-certified the request for Lumbar spine exercises kit and Norco 10/325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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

Decision rationale: The California MTUS states: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Lumbar spine exercise kit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise.

Decision rationale: The California MTUS section on exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. The use of exercise in the treatment of chronic pain is recommended. However the need for a specific kit versus a home exercise program is not established in the provided documentation as there is no mention of failure of a home exercise program or the established need for specialized equipment at home. Therefore the request is not medically necessary.