

Case Number:	CM15-0207925		
Date Assigned:	10/26/2015	Date of Injury:	07/23/2008
Decision Date:	12/31/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 50 year old female sustained an industrial injury on 7-23-08. Documentation indicated that the injured worker was receiving treatment for lumbar spondylosis, cervical spine sprain and strain with degenerative disc disease and spondylosis, bilateral knee contusions and gastro-intestinal upset. Previous treatment included L4-5 bilateral partial laminectomy and decompression (2013), physical therapy and medications. In a PR-2 dated 5-28-15, the injured worker complained of ongoing low back pain with radiation to bilateral lower extremities and bilateral knee pain, rated 8 out of 10 on the visual analog scale without medications and 2 out of 10 with medications. Physical exam was remarkable for lumbar spine range of motion: flexion 32 degrees, extension 12 degrees, right lateral bend 14 degrees and left lateral bend 12 degrees and positive straight leg raise. The remaining documentation was difficult to decipher. The treatment plan included a surgical consultation and prescriptions for Norco and Norflex. In a PR-2 dated 8-28-15, the injured worker complained of ongoing lumbar spine pain with radiation to bilateral lower extremity and continuing bilateral knee pain with popping, grinding and a burning sensation, rated 6 to 7 out of 10. Physical exam was remarkable for lumbar spine range of motion: flexion 8 degrees, extension 5 degrees, right lateral bend 12 degrees and left lateral bend 10 degrees, positive bilateral straight leg raise and decreased sensation at the right L4-S1 distribution and right knee with swelling, crepitus, positive McMurray's and range of motion 0 to 123 degrees. The treatment plan included requesting authorization for right unloader brace knee support, right knee ultrasound refilling medications (Norco and Norflex) and a urine drug screen. On 10-13-15, Utilization Review noncertified a request for Norco 10-325mg #120 (DOS: 9-1-

15), right knee ultrasound, urine drug screen (DOS: 9-1-15) and right medial unloader knee brace with wraps and liners.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (Retro: DOS: 9/1/15): Upheld

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

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

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long-term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. However a review of the injured workers medical records do not reveal documentation of pain and functional improvement with the use of Norco as well as ongoing management actions as required by the guidelines, without this information it is not possible to determine medical necessity, therefore the request for Norco 10/325mg #120 (Retro: DOS: 9/1/15) is not medically necessary.

Right knee ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Per the MTUS/ACOEM Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of knee symptoms may carry a

significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. A review of the injured workers medical records do not reveal emergence of a red flag or recent acute trauma, there does not appear to be any clear rationale for an ultrasound, therefore the request for Right knee ultrasound is not medically necessary.

Random urine drug screen (Retro: DOS: 8/28/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, indicators for addiction, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter-Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

Decision rationale: Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information medical necessity for Urine Drug Test is not established.

Right medial unloader knee brace with wraps & liners: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Initial Care. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg (acute and chronic)/knee brace.

Decision rationale: Per the MTUS/ACOEM, functional bracing as part of a rehabilitation program is an option. Per the ODG, among patients with knee OA and mild or moderate valgus or varus instability, a knee brace can reduce pain, improve stability, and reduce the risk of falling. However a review of the injured workers medical records do not show that bracing is part of a functional rehabilitation program and there is also no documentation of instability and without this information medical necessity cannot be established.