

<b>Case Number:</b>	CM15-0048216		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	10/20/2000
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 (IW) is a 75 year old male who sustained an industrial injury on 10/20/2000. He reported back and knee pain. The injured worker was diagnosed as having cervical spine sprain/strain; internal derangement, bilateral knees; plantar fasciitis, bilateral feet; frozen left shoulder, and lumbo/sacral spine sprain/strain. Treatment to date has included conservative care including injections and medications. Currently, the injured worker complains of continued neck pain; knee pain, left worse than right; bilateral foot pain; and continued low back pain. The treatment plan includes continuation of Norco for pain, consultation with a spine specialist for his back pain since conservative care is exhausted, and a foot specialist consultation due to persistent foot pain. Requests for authorization were also made for a home RN evaluation, shower bars and a cane. A Utilization Review determination was rendered recommending non-certification for Norco 5/325mg #70 and Consultation with a spine specialist

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 mg #70:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the OD guidelines recommend that opioids can be utilized for exacerbation of pain and maintenance treatment of severe musculoskeletal pain when treatment with NSAIDs, PT and surgical options has been exhausted. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient reported reduction in pain and functional restoration with utilization of Norco. There is no report of adverse effects, aberrant behavior or non compliance. A consultation request to evaluation exacerbation of the back pain is pending authorization. The criteria for the use of Norco 5/325mg # 70 was met. Therefore, the requested treatment is medically necessary.

**Consultation with a spine specialist:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87-89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low and Upper Back.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patients can be referred for evaluation by a specialist when the diagnosis is too complex or additional expertise treatment is necessary after failure of standard conservative treatments. The records indicate that the patient had exhausted conservative treatments with medications and PT. There is exacerbation of pain as well as reduction in ADL despite conservative treatments. The patient now requires help for self care and mobility aids for ambulation. The criteria for Consultation with Spine Specialist were met. Therefore, the requested treatment is medically necessary.