

<b>Case Number:</b>	CM15-0081929		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	05/22/2009
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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

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 52-year-old female with an industrial injury dated 05/22/2009. Her diagnoses included status post medial and lateral meniscectomy of the right knee with chondroplasty and medial femoral condyle (10/27/2014), status post lumbar 4-sacral 1 anterior posterior fusion (11/28/2012), oblique tear posterior horn meniscus - right, lumbar 5-sacral 1 degenerative disc disease, right knee degenerative joint disease and chondromalacia, lumbar 4-5 annular tear, cervical spine cervical 3-7 disc degeneration, rotator cuff syndrome and right ankle sprain. Prior treatment included surgery, physical therapy, diagnostics and medications. She presents on 03/25/2015 complaining of lower back pain rated as 8-9/10 without medications and a 6-7/10 with medications and right knee pain rated as 8-9/10 without medications and 6-7/10 with medications. Physical exam of lumbar spine revealed tenderness of the paravertebral muscles bilaterally. There was tenderness over the sciatic notches. Range of motion was decreased and painful. There was some medial effusion on the right knee with palpable tenderness. There was decreased range of motion and pain with flexion of the right knee. The provider documents the injured worker is limited in her ability for ambulation and exercise and requests Synvisc One injection to the right knee. Other treatment requests include lumbar spine x-rays due to increasing pain. Pain medication (Norco) was also requested. The provider documents the injured worker shows no signs of aberrant behavior has a pain contract of file and does participate in random urine drug screens when authorized and requested by the office.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar X-rays with AP/Lateral/Flexion/Extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): Table 12-1 and Table 12-8.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with occupational low back complaints. In this chapter, they describe the indications for further testing. The key requirement for further testing is described in Table 12-1; Red Flags for Potentially Serious Low Back Complaints. This table provides a series of symptoms/signs that warrant further investigation. In this case, there is no documentation provided to indicate that the request for imaging of the Lumbar spine is based on the presence of a red flag. These MTUS guidelines also comment on the use of imaging studies. In this case, the records indicate that the patient has had a prior MRI of the lumbar spine in 8/2012 and plain films of the lumbar spine in 12/2012. There is no indication in the medical records that the patient's status has recently changed. Table 12-8 describes a summary of recommendations for evaluating and managing low back complaints. Imaging studies are not recommended in the absence of red flags. Given that the patient has previous imaging studies of the lumbar spine, both MRI and plain films, and there is no documentation of any of the aforementioned red flag symptoms, Lumbar X-rays with AP/Lateral/Flexion/Extension are not considered as medically necessary.

**Norco 10/325mg, #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of

alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In the Utilization Review process, a modified prescription of Norco was provided to allow for weaning. This is consistent with the above-mentioned guidelines. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not considered as medically necessary.