

Case Number:	CM14-0098206		
Date Assigned:	08/08/2014	Date of Injury:	11/16/2011
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California and Hawaii. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 59 year old male employee with date of injury of 11/16/2011. A review of the medical records indicate that the patient is undergoing treatment for sprain of knee and leg. Subjective complaints include low back pain, bilateral knee pain and numbness and tingling to the bottom of the right foot (9/9/2013). On 10/18/2013, the patient was complaining of lumbar spine pain radiating to the bilateral lower extremities. Pain scale ratings have included 5-6/10 (4/4/14). Objective findings include increased pain with McMurray's Test on the right knee, tenderness at the medial greater than lateral joint line; limited range of motion bilaterally (10/21/2013). Lumbar spine exam from 9/13/2013 revealed a "3-mm left preforaminal and left foraminal disc protrusion resulting in abutment of the descending left L5 nerve root with narrowing of the left lateral recess as well as abutment of the exiting left L4 nerve root. Treatment has included Norco (earliest documentation 9/9/2013), physical therapy (10/21/2013) and the following medications (for GI discomfort, 4/2/2014): Prilosec 2mg/day #45, Simethicone 80mg 2/day #90, Lvaza 4/g daily Simvatatin 20mg q1/day #45, Metformin 1000mg 2/day #90, ASA 81mg 1/day #45, Victoza pen with needles (one month supply). Pain relief was not mentioned in the medical reports. The musculoskeletal evaluation on 2/7/2014 included range of motion testing. The utilization review dated 6/4/2014 non-certified the requests for -60 Norco 10/325 due to lack of improvement-1 ROM LE spine due to lack of proven necessity according to MTUS guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for 60 Norco 10/325mg is not medically necessary.

Retrospective review of 1 ROM LE spine DOS 9/9/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Association Guides to the Evaluation of Permanent Impairment, 5th edition Official Disability Guidelines, Low Back, lumbar and thoracic(acute and chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33, Chronic Pain Treatment Guidelines FUNCTIONAL IMPROVEMENT MEASURES Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Range of Motion - Flexibility.

Decision rationale: The MTUS states "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees". The injured worker has knee and low back pain. The documentation provided shows a quantifiable range of motion test was done on exam was performed on 2/7/2014. In the ACOEM states, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected." ODG states regarding Range of Motion, "Not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation." In this instance, a "Focused regional examination" per ACOEM is warranted. A range of motion test would be considered a routine physical exam component and not considered a special 'stand alone' test, unless indicated specifically. The medical records do not indicate the reason for a range of motion test to be 'stand alone' and not

performed in conjunction with a comprehensive physical exam. As such, the request for Retrospective review of 1 ROM LE spine DOS 9/9/13 is not medically necessary.