

Case Number:	CM15-0010499		
Date Assigned:	01/28/2015	Date of Injury:	01/03/2009
Decision Date:	03/24/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/19/2015

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: Physical Medicine & Rehabilitation

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 31 year old male, who sustained an industrial injury on 1/3/2009 after being hit by a vehicle while hooking up a disabled vehicle to his tow truck. He has reported facial, cervical spine, dental, right lower extremity injuries and spinal cord contusion. The diagnoses have included foot pain, knee pain, and pain to joint lower leg and cervical pain. Past surgeries included left lower leg artery graft, harvest and facial lacerations repair in 2009, 16 surgeries to right lower extremity in 2009 and front mandible teeth caps in 2010 or 2011. Treatment to date has included medications, diagnostics, surgeries, rehabilitation, neck brace, conservative measures, physical therapy and crutches. Currently, the IW complains of pain in the lower back, left shoulder right knee, ankle and foot. The pain is associated with numbness and tingling in right leg and foot a swell as weakness in left arm, bilateral legs and right foot. The pain is currently rated 8/10 with average of 9/10. The pain is aggravated by activity. He states that the symptoms remain unchanged since his injury. The physical exam revealed antalgic gait without a device, right trendelenberg gait, right foot laterally rotated during stance and right patella has deviation with movement. The range of motion is restricted in cervical spine with tenderness noted to paracervical muscles and trapezius. The right knee range of motion is limited and restricted by pain. On 1/12/15 Utilization Review non-certified a request for 1 referral to orthopedic surgeon and 1 prescription for Celebrex 100mg #60, noting the current report noted that the medications were working well for the complaints. Regarding the Celebrex 100mg #60, there was no reasoning to introduce an additional Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) medication at this time. The (MTUS) Medical Treatment Utilization Schedule

guidelines were cited. On 1/12/15 Utilization Review modified a request for 1 prescription for Norco 10/325mg #120 modified to Norco 10/325mg #95 for weaning between 12/18/14 and 3/7/15, with the remaining 25 tablets non-certified. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 referral to orthopedic surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

Decision rationale: The 31 year old patient presents with pain in lower back, left shoulder, right knee, right ankle, and right foot, as per progress report dated 12/18/14. The request is for 1 REFERRAL TO ORTHOPEDIC SURGEON. The RFA for this request is dated 12/30/14, and the patient's date of injury is 01/03/09. The patient is also experiencing numbness and tingling in right leg and right foot along with weakness in left arm, bilateral legs, and right foot, as per progress report dated 12/18/14. The pain ranges from 4-8/10. Medications, as per the same progress report, include Levitra, Topamax, Colace, Norco and Celebrex. The patient is status post at least 16 surgeries to right lower extremity in 2009, left medial lower leg artery graft harvest, and facial lacerations repair in 2009, as well. Diagnoses included foot pain, knee pain, pain in lower leg joint, and cervical pain. The patient is currently not working, as per progress report dated 12/18/14. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In this case, the patient suffers from chronic and severe leg pain. The treater is requesting for second opinion with orthopedic specialist Dr. C "for right leg trauma and rod assessment, with possibility of removal." This request is repeated in almost every progress report from 08/06/13 until 12/18/14. Nonetheless, given the patient's chronic pain that remain in spite of medications and surgical interventions, an orthopedic consultation may contribute to improved management of symptoms. Thus, the request IS medically necessary.

1 prescription for Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The 31 year old patient presents with pain in lower back, left shoulder, right knee, right ankle, and right foot, as per progress report dated 12/18/14. The request is for 1 PRESCRIPTION OF NORCO 10/325 mg # 120. The RFA for this request is dated 12/30/14, and the patient's date of injury is 01/03/09. The patient is also experiencing numbness and tingling in right leg and right foot along with weakness in left arm, bilateral legs, and right foot, as per progress report dated 12/18/14. The pain ranges from 4-8/10. Medications, as per the same progress report, include Levitra, Topamax, Colace, Norco and Celebrex. The patient is status post at least 16 surgeries to right lower extremity in 2009, left medial lower leg artery graft harvest, and facial lacerations repair in 2009, as well. Diagnoses included foot pain, knee pain, pain in lower leg joint, and cervical pain. The patient is currently not working, as per progress report dated 12/18/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 10/17/13, and the patient has been taking the medication consistently at least since then. As per progress report dated 11/20/14, medications help reduce the pain from 9/10 to 3/10. In the same progress report, the treater states that the patient needs an additional Norco on some days and hence, may do well with a higher dose. The treater further notes that "With these medications the patient can function, perform ADLs, walk for short periods of time per day, interact wit family members doing basic activities, and sleep a fairly regular cycle. In short, the medications keep him functional." A UDS report, dated 05/28/14, was consistent with Norco use. Additionally, the treater states that the patient has no adverse effects or aberrant behavior due to opioid use. While the progress reports document the impact of Norco on the 4As, including analgeisa, ADLs, adverse side effects, and aberrant behavior, only general statements are provided, especially with regards to ADLs. The patient is not working and the treater has not used any validated measurement scales to demonstrate a specific increase in the patient's function. Hence, this request IS NOT medically necessary.

1 prescription for Celebrex 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 31 year old patient presents with pain in lower back, left shoulder, right knee, right ankle, and right foot, as per progress report dated 12/18/14. The request is for 1 PRESCRIPTION OF CELEBREX 100 mg # 60. The RFA for this request is dated 12/30/14, and the patient's date of injury is 01/03/09. The patient is also experiencing numbness and tingling in

right leg and right foot along with weakness in left arm, bilateral legs, and right foot, as per progress report dated 12/18/14. The pain ranges from 4-8/10. Medications, as per the same progress report, include Levitra, Topamax, Colace, Norco and Celebrex. The patient is status post at least 16 surgeries to right lower extremity in 2009, left medial lower leg artery graft harvest, and facial lacerations repair in 2009, as well. Diagnoses included foot pain, knee pain, pain in lower leg joint, and cervical pain. The patient is currently not working, as per progress report dated 12/18/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription of Celebrex is first noted in progress report dated 10/22/14, and the patient has been taking the medications consistently, since then. Prior progress reports, however, indicate the use of Naprosyn (another NSAID), thereby indicating that the patient has been relying on this class of medications for pain relief. As per progress report dated 11/20/14, medications help reduce the pain from 9/10 to 3/10. The treater, however, does not document an improvement in function due to Celebrex. Nonetheless, the patient does suffer from chronic pain for which Celebrex is generally indicated. Hence, the medication can be taken at the treater's discretion and IS medically necessary.