

<b>Case Number:</b>	CM15-0016053		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	08/10/2008
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2015

### 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 59 year old male with an industrial injury dated August 10, 2008. The injured worker diagnoses include lumbar radiculopathy, multilevel disc herniation of lumbar spine with moderate to severe neural foraminal narrowing, and facet arthropathy of lumbar spine. He has been treated with diagnostic studies, prescribed medications, 12 chiropractic treatments, 6 physical therapy sessions, 3 epidural steroid injections, acupuncture, consultations and periodic follow up visits. In a progress note dated 1/6/2015, the injured worker reported increased low back pain and more significant leg symptoms since previous visit. The treating physician noted limited range of motion of the lumbar spine and tenderness to palpitation. He had diminished sensation of the left L3-L5 dermatomes. There was pain noted with straight leg raise test on the left side extending down to calf. Documentation also noted a positive slump test on the left side. The treating physician prescribed services for chiropractic care 2 times a week for 4 weeks and Norco 5/325mg #90 now under review. UR determination on January 16, 2015 denied the request for an additional chiropractic care 2 times a week for 4 weeks and Norco 5/325mg #90, citing MTUS, ACOEM and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** This patient presents with chronic low back pain and leg pain. The current request is for Norco 5/325 mg #90. For chronic opioid use, the MTUS guidelines, pages 88 and 89, states, Pain should be assessed at each visit, and function should be measured at six month intervals using a numerical scale or validated instrument. The MTUS, page 78, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). MTUS also requires 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. Review of the medical file indicates the patient has been utilizing Norco since at least 09/03/2014. According to progress report date 09/03/2014, the patient current pain was rated as 2/10 in the neck and 5/10 in the lower back. Patient states that medications help decrease his pain by more than 50% temporarily, and increase his sleep and allow him to complete his activities of daily living. Patient denies any side effects at this time. According to progress report dated 11/26/2014, patient's current pain is 6/10. Patient again reported 50% decrease in pain, which allow him to sleep and complete ADLs. In this case, recommendation for further use cannot be made, as treating physician has provided no urine drug screens and no discussion regarding aberrant behaviors as required by MTUS for opiate management. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning per MTUS.

**Chiropractic care 2 times a week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

**Decision rationale:** This patient presents with neck and low back pain. The current request is for chiropractic care 2 times a week for 4 weeks. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." According to progress report dated 01/06/2015, the patient's treatment history to date includes 12 sessions of chiropractic therapy in 2013, which somewhat helped. Labor Code 979.20 (e) defines functional improvement as significant improvement in ADLs or reduction in work restrictions and decreased dependence on medical treatment. In this case, the treating physician has not provided any discussion regarding functional improvement from prior

treatment to consider an extension of treatment. In addition, the patient has already participated in 12 chiropractic treatments, and the request for 8 additional sessions exceeds what is recommended by MTUS. This request is not medically necessary.