

<b>Case Number:</b>	CM15-0033648		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	10/05/2007
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 female with an industrial injury dated 10/05/2007. Her diagnoses include hemarthrosis of the lower leg, lumbosacral strain/sprain, radiculopathy lumbar spine, lumbosacral spondylosis without myelopathy, sprain/strain of the sacroiliac, and fibromyalgia/myositis. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative measures, medications, left knee surgery, physical therapy, and psychological evaluation/treatment. In a progress note dated 02/03/2015, the treating physician reports bilateral knee pain (increased in the right knee) and low back pain that radiates into the right hip, gastrointestinal symptoms, anxiety and depression. The objective examination revealed pain on palpation of the lumbar spine at the L3-S1 region, pain over the paravertebral spaces on palpation, right sided pain on palpation of the sacroiliac joint area (negative on left), palpable twitch positive trigger point in the lumbar spine, restricted range of motion in the lumbar spine, and mild to moderate tenderness along the left knee surgery scar with mild edema in both knees. The treating physician is requesting Norco, and a comprehensive evaluation with special reports which were denied by the utilization review. On 02/10/2015, Utilization Review non-certified a prescription for Norco 10/325mg #90, noting the lack of documented functional improvement directly related to opioid medication. The MTUS guidelines were cited. On 02/10/2015, Utilization Review non-certified a request for comprehensive (60min), noting the absence of rationale for a comprehensive exam. The ACOEM guidelines were cited. On 02/10/2015, Utilization Review non-certified a request for special reports, noting the absence of rationale for the comprehensive examination with special

reports. The ACOEM guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #90, comprehensive (60 minutes), and special reports.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 60-61.

**Decision rationale:** The 2/10/15 Utilization Review letter states the Norco 10/325mg, #90 requested on the 2/3/15 medical report was denied because there was no ongoing review and documentation of functional improvement. The 2/3/15 initial comprehensive pain management report states the patient was injured in 2007, had several knee surgeries. She had not been to a work comp physician for a while and is frustrated. She gets medications from [REDACTED] using her regular insurance. She complains of 3-8/10 pain in the low back and both knees. The physician states Norco "is helping only partially". She has some GI discomfort with medications. The physician wants to take over medication management and instructs the patient to inform him of the degree of pain relief and functional improvement. He prescribes Norco 10/325mg, bid, for 45 days, #90. MTUS Chronic Pain Medical Treatment Guidelines, Medications for chronic pain, page 60-61 states: Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The patient has apparently used Norco from her private physician at [REDACTED] and the pain management physician managing the workers compensation case is planning on taking over medication management, and initiated a trial of Norco and informed the patient to track pain relief and functional improvement. This was the physician's initial evaluation and the trial of Norco is in accordance with MTUS guidelines. The request for Norco 10/325mg, #90 IS medically necessary.

**Comprehensive (60 min):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** The 2/10/15 Utilization Review letter states the 'Comprehensive (60 min)' requested on the 2/3/15 medical report was denied because there was no rationale provided. The 2/3/15 initial comprehensive pain management report states the patient was injured in 2007, had

several knee surgeries. She had not been to a work comp physician for a while and is frustrated. She gets medications from [REDACTED] using her regular insurance. She complains of 3-8/10 pain in the low back and both knees. The physician states Norco "is helping only partially". She has some GI discomfort with medications. The physician wants to take over medication management and instructs the patient to inform him of the degree of pain relief and functional improvement. The request is for a comprehensive evaluation. The physician provided the initial comprehensive evaluation for pain management to take over medications. MTUS/ACOEM Chapter 12 Low Back Complaints, page 287 states: The initial assessment of patients with low back problems focuses on detecting indications of potentially serious disease, termed red flags MTUS recommends assessment, history and physical examination in patients with low back complaints. The request for the 'Comprehensive' initial pain management evaluation is in accordance with MTUS/ACOEM guidelines. The requested 'Comprehensive (60 min)' IS medically necessary.

**Special reports:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**Decision rationale:** The 2/10/15 Utilization Review letter states the special report requested on the 2/3/15 medical report was denied because there was no rationale provided. The 2/3/15 initial comprehensive pain management report states the patient was injured in 2007, had several knee surgeries. She had not been to a work comp physician for a while and is frustrated. She gets medications from [REDACTED] using her regular insurance. She complains of 3-8/10 pain in the low back and both knees. The physician states Norco "is helping only partially". She has some GI discomfort with medications. The physician wants to take over medication management and instructs the patient to inform him of the degree of pain relief and functional improvement. MTUS/ACOEM Chapter 12 Low Back Complaints, page 287 states: The initial assessment of patients with low back problems focuses on detecting indications of potentially serious disease, termed red flags MTUS recommends assessment, history and physical examination in patients with low back complaints. Reporting is required for baseline documentation and to monitor outcomes. The request for the "special report" or initial comprehensive pain management evaluation is in accordance with MTUS/ACOEM guidelines. The requested "special report" IS medically necessary.