

<b>Case Number:</b>	CM15-0062014		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	06/26/2001
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 66 year old male who sustained a work related injury on 06/26/2001. The diagnoses have included status post left shoulder arthroscopy, multilevel lumbar discopathy, right hip Paget's disease with strain/sprain, status post left knee surgery and right hip surgeries. Treatments have included a failed right hip replacement, left shoulder surgery, left knee surgery, physical therapy, lumbar epidural steroid injections, medications, physical therapy and home exercises. The injured worker presented on 02/11/2015 for a followup evaluation with complaints of low back and right hip pain. The injured worker also reported bilateral shoulder pain and bilateral hand pain. The injured worker was utilizing Norco and Celebrex. It is also noted that the injured worker was not currently working. Upon examination of the lumbar spine, there was midline tenderness, spasm, and tightness in the paralumbar musculature with reduced and painful range of motion. There was pain and weakness noted with straight leg raise to approximately 40 degrees. Sciatic stretch test was positive. There was also sacroiliac joint tenderness noted on the right. Upon examination of the right hip, the provider noted a well-healed incision. Treatment recommendations at that time included a pain management consultation for consideration of an epidural steroid injection, an MRI of the lumbar spine, continuation of Norco and Celebrex, and a return office visit for an orthopedic re-evaluation in 6 weeks. A Request for Authorization form was then submitted on 02/11/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Referral for pain management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there was no objective evidence of lumbar radiculopathy upon examination. The injured worker was pending authorization for an updated MRI of the lumbar spine. There is also no mention of an exhaustion of conservative management for the lumbar spine prior to the request for a referral to a pain management specialist. As the medical necessity has not been established, the request is not medically appropriate.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test. In this case, there was no evidence of progressive neurological deterioration in the bilateral lower extremities. There is no documentation of a significant functional deficit with regard to the lumbar spine. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects

should occur. In this case, the injured worker has utilized the above medication since at least 12/2014. There is no documentation of objective functional improvement. The injured worker continues to present with high levels of pain. In addition, there was no documentation of a written consent or agreement for chronic use of an opioid. Recent urine toxicology reports documenting evidence of patient compliance and nonaberrant behavior were not provided. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

**Celebrex 200mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state Celebrex is used for the relief of signs and symptoms of osteoarthritis, rheumatoid arthritis, and ankylosing spondylitis. In this case, the injured worker has continuously utilized the above medication since at least 12/2014. The injured worker does not maintain any of the above-mentioned diagnoses. Guidelines do not support long term use of this medication. There is also no evidence of objective functional improvement. The request as submitted failed to indicate the specific frequency. Given the above, the request is not medically necessary at this time.

**Orthopedic reevaluation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there was no documentation of any acute injury or complication from the prior surgical site to support the necessity for ongoing orthopedic evaluations. The medical rationale was not provided within the documentation. Given the above, the request is not medically appropriate.