

Case Number:	CM15-0068441		
Date Assigned:	04/16/2015	Date of Injury:	01/17/2002
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/10/2015

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, who sustained an industrial injury on January 17, 2002. The injured worker's initial complains of and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having status post right first dorsal compartment release with residuals, chronic right epicondylitis, status post lumbar fusion at lumbar 3-4, anterior talofibular ligament injury left ankle, internal medicine diagnosis, psychological diagnosis, status post right knee arthroscopy with chondromalacia of the patella and pes anserine bursitis, and neurological diagnosis. Diagnostics to date has included urine drug screening. Treatment to date has included an opioid medication. On February 17, 2015, the injured worker complains of continuing neck pain, headaches, and low back pain. She also has episodes of dizziness and her opioid medication causes abdominal pain. The physical exam revealed tenderness of the posterior cervical trapezial musculature, tenderness of the occipital region, and decreased cervical range of motion. There was tenderness about the lumbar paravertebral muscles, decreased range of motion, negative bilateral sitting straight leg raises, and intact strength of the lower extremities. The treatment plan includes a new opioid medication, a rheumatologist evaluation, and a neurosurgeon evaluation and treatment. As recommended by the neurologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Evaluation and treatment with a neurosurgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127, consult.

Decision rationale: The 59 year old patient presents with pain in the neck and the lower back along with headaches and dizziness, as per orthopedic evaluation report dated 02/17/15. The request is for EVALUATION AND TREATMENT WITH A NEUROSURGEON. There is no RFA for this case, and the patient's date of injury is 01/17/02. The patient is status post lumbar fusion at L3-4; status post right knee arthroscopy with chondromalacia of patella and pes anserine bursitis; and status post right first dorsal compartment release, dates of these procedures are not mentioned, as per progress report dated 02/17/15. Diagnoses included chronic right lateral epicondylitis, cervical spondylosis, anterior talofibular ligament injury of the left ankle, internal medicine diagnosis, psychological diagnosis and neurologic diagnosis. As per orthopedic evaluation report dated 12/16/14, the patient complains of pain in right wrist and thumb and her ankle as well. The progress reports do not document the patient's work status. 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. As per orthopedic evaluation report dated 02/17/15, the patient has already been seen by a neurologist who has indicated that "the patient's headaches are likely due to her aneurysm, occipital neuralgia as well as migrainus headaches." In the same report, the neurologist recommends evaluation with a neurosurgeon for her aneurysm. Given the symptoms, the request appears reasonable and IS medically necessary.

Rheumatologist evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - Guidelines for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, page 127, consult.

Decision rationale: The 59 year old patient presents with pain in the neck and the lower back along with headaches and dizziness, as per orthopedic evaluation report dated 02/17/15. The request is for RHEUMATOLOGIST EVALUATION. There is no RFA for this case, and the patient's date of injury is 01/17/02. The patient is status post lumbar fusion at L3-4; status post

right knee arthroscopy with chondromalacia of patella and pes anserine bursitis; and status post right first dorsal compartment release, dates of these procedures are not mentioned, as per progress report dated 02/17/15. Diagnoses included chronic right lateral epicondylitis, cervical spondylosis, anterior talofibular ligament injury of the left ankle, internal medicine diagnosis, psychological diagnosis and neurologic diagnosis. As per orthopedic evaluation report dated 12/16/14, the patient complains of pain in right wrist and thumb and her ankle as well. The progress reports do not document the patient's work status. 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. As per orthopedic evaluation report dated 02/17/15, the patient has been seen by a neurologist who has requested for "a rheumatologist to evaluate and rule out for polycystic kidney disease and Lupus.." ACOEM guidelines also support specialist consultations for accurate diagnosis and effective treatment. Hence, the request IS medically necessary.

Norco 5/325mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use - CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Hydrocodone Page(s): 88-90,76-78.

Decision rationale: The 59 year old patient presents with pain in the neck and the lower back along with headaches and dizziness, as per orthopedic evaluation report dated 02/17/15. The request is for NORCO 5/325 mg # 45. There is no RFA for this case, and the patient's date of injury is 01/17/02. The patient is status post lumbar fusion at L3-4; status post right knee arthroscopy with chondromalacia of patella and pes anserine bursitis; and status post right first dorsal compartment release, dates of these procedures are not mentioned, as per progress report dated 02/17/15. Diagnoses included chronic right lateral epicondylitis, cervical spondylosis, anterior talofibular ligament injury of the left ankle, internal medicine diagnosis, psychological diagnosis and neurologic diagnosis. As per orthopedic evaluation report dated 12/16/14, the patient complains of pain in right wrist and thumb and her ankle as well. The progress reports do not document the patient's work status. 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 02/17/15. A prior progress report dated 12/16/14 documents the use of Tramadol. In progress report dated 02/17/15, the treating physician states that the patient "previously signed an opiate contract and

underwent a urine drug toxicology screen." The physician, however, does not use a validated scale to demonstrate a measurable reduction in pain or increase in function. No UDS or CURES reports are available for review and the treating physician does not list the side effects associated with opioids in this patient. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.