

<b>Case Number:</b>	CM15-0072933		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 63 year old female who sustained a work related injury May 12, 2012. While working as a stocker, she tried to pull a product from behind a shelf and began to have right sided lumbar spine pain. A primary treating physician's progress report dated January 20, 2015, finds the injured worker with continued lower back pain and right sacroiliac joint pain. Her gait is hunched over, stiff, antalgic, and walks with a cane. Diagnoses included sacroilitis; sciatica; trochanteric bursitis; lumbago; chronic major depression. Treatment plan included request for authorization of orthopedic consultation for chronic pain, right sacroiliac joint and Hydrocodone/Acetaminophen. On March 5, 2015, a neurological surgeon examined the injured worker. She complained of continued persistent radicular pain in her back and down her posterolateral right leg and cannot sit on her right cheek buttock. Her pain level is 8/10 despite continuous use of medications (Gabapentin and Vicodin). An MRI of the lumbar spine, dated 11/4/2014 revealed multilevel degenerative disc disease with no evidence of any central canal, lateral recess and neural foraminal narrowing or impingement at any segment of the lumbar spine. Recommendations included electro-diagnostic studies, water therapy and psychological evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Orthopedic consultation: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7), page 127.

**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 page 127.

**Decision rationale:** This patient presents with continued lower back pain and right sacroiliac joint pain. The request is for an outpatient orthopedic consultation. There is no RFA provided and the patient's date of injury is 05/12/12. The diagnoses include sacroilitis, sciatica, trochanteric bursitis, lumbago, and chronic major depression. Per 01/20/15 report, physical examination of the lumbar spine revealed diffuse tenderness over the facet joints on the right L4 and L5. The most tender spot is the sacroiliac joint on deep palpation and is consistent find Rand of motion are restricted, especially on extension, 10 degrees. The patient is unable to sit and has radicular pain and numbness to the big toe. There is an antalgic gait and the patient ambulates with a cane. Positive straight leg raise test, bilaterally. Medications include Norco, Neurontin, Omeprazole, Paxil, Alprazolam, Clonazepam and Melatonin. The patient is working modified duty. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psycho social factors are present, or when the plan or course of care may benefit from additional expertise." Per 01/20/15 report, treater states, "We are requesting evaluation by [REDACTED], spine orthopedic surgeon in [REDACTED], for her chronic pain in the right sacroiliac joint. He can help her with this serious, permanently disabling condition." ACOEM guidelines support referral to a specialist to aid in complex issues. An orthopedic consultation for the patient's sacroiliac joint appears reasonable for this patient's continued complaints. The requested orthopedic consultation for the left wrist IS medically necessary.

**Hydrocodone-Acetaminophen 10/325mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, web-based edition, [www.dir.ca.gov](http://www.dir.ca.gov). Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** This patient presents with continued lower back pain and right sacroiliac joint pain. The request is for an Hydrocodone-Acetaminophen 10/325mg #30. There is no RFA provided and the patient's date of injury is 05/12/12. The diagnoses include sacroilitis, sciatica, trochanteric bursitis, lumbago, and chronic major depression. Per 01/20/15 report, physical examination of the lumbar spine revealed diffuse tenderness over the facet joints on the right L4 and L5. The most tender spot is the sacroiliac joint on deep palpation and is consistent find Rand of motion are restricted, especially on extension, 10 degrees. The patient is unable to sit and has

radicular pain and numbness to the big toe. There is an antalgic gait and the patient ambulates with a cane. Positive straight leg raise test, bilaterally. Medications include Norco, Neurontin, Omeprazole, Paxil, Alprazolam, Clonazepam and Melatonin. The patient is working modified duty. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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." Treater prescribed Norco to be taken 4 times a day, as needed for pain. Duration of the medication use is unknown as only one progress report by the requesting physician was provided for review. Regardless, the use of opiates require detailed documentation regarding pain and function as required by MTUS. While the treater has stated the patient walks 4 miles a day and continues to work with restrictions, there is no mention of analgesia, ADLs, adverse side effects, and adverse behavior. No opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.