

Case Number:	CM15-0078029		
Date Assigned:	04/29/2015	Date of Injury:	03/17/1998
Decision Date:	06/01/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/23/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 53 year old female, who sustained an industrial injury on 03/17/1998. She has reported subsequent back pain and was diagnosed with lumbar sprain/strain and chronic back pain with surgery. Treatment to date has included oral pain medication, epidural injections and TENS unit. In a progress note dated 03/06/2015, the injured worker complained of low back and bilateral ankle pain at 4-7/10. No specific objective examination findings were documented. A request for authorization of prolonged exam done in house, Norco and an orthopedic consultation of the lumbar spine was submitted. The patient's surgical history includes lumbar fusion in 2/5/11 and permanent implantation of the spinal cord stimulator on 9/27/13. The patient has had urine drug screen test on 2/20/14 that was positive for Marijuana, Oxycodone, Codeine and Amphetamines. Per the doctor's note dated 4/24/15 patient had complaints of low back pain at 7/10. Physical examination of the low back revealed limited range of motion, tenderness on palpation and muscle spasm. The patient sustained the injury when her right foot caught in between two metal steps. The patient has used a TENS unit. The medication list include Norco. Patient has received an unspecified number of PT, Chiropractic and acupuncture and psychiatric visits for this injury. The patient had received ESIs for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prolonged exam done in-house: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM, pages 127, 112 Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic) Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Request: Prolonged exam done in-house MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations per the cited guidelines, "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." She has reported subsequent back pain and was diagnosed with lumbar sprain/strain and chronic back pain with surgery. In a progress note dated 03/06/2015, the injured worker complained of low back and bilateral ankle pain at 4-7/10. The patient's surgical history include lumbar fusion in 2/5/11 and permanent implantation of the spinal cord stimulator on 9/27/13. Per the doctor's note dated 4/24/15 patient had complaints of low back pain at 7/10. Physical examination of the low back revealed limited range of motion, tenderness on palpation and muscle spasm. The patient has had urine drug screen test on 2/20/14 that was positive for Marijuana, Oxycodone, Codeine and Amphetamines. Patient has received an unspecified number of PT, Chiropractic and acupuncture and psychiatric visits for this injury. There is evidence of psychosocial factors and drug abuse. The management of this case needs a detailed evaluation. This is a complex case. A prolonged exam done in-house is deemed medically appropriate and necessary.

Norco 10-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Norco 10-325mg #60. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response

in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10- 325mg #60 is not established for this patient. Therefore, the requested treatment is not medically necessary.

Ortho consult lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92. Decision based on Non-MTUS Citation ACOEM, pages 127, 112 Official Disability Guidelines (ODG), Low Back-Lumbar and Thoracic (Acute and Chronic) Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Ortho consult lumbar spine MTUS Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations per the cited guidelines, "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." She has reported subsequent back pain and was diagnosed with lumbar sprain/strain and chronic back pain with surgery. In a progress note dated 03/06/2015, the injured worker complained of low back and bilateral ankle pain at 4-7/10. The patient's surgical history include lumbar fusion in 2/5/11 and permanent implantation of the spinal cord stimulator on 9/27/13. Per the doctor's note dated 4/24/15 patient had complaints of low back pain at 7/10. Physical examination of the low back revealed limited range of motion, tenderness on palpation and muscle spasm. The patient has had urine drug screen test on 2/20/14 that was positive for Marijuana, Oxycodone, Codeine and Amphetamines. Patient has received an unspecified number of PT, Chiropractic and acupuncture and psychiatric visits for this injury. There is evidence of psychosocial factors and drug abuse and plan or course of care may benefit from additional expertise. This is a complex case. A referral to Ortho consult lumbar spine is deemed medically appropriate and necessary.