

Case Number:	CM15-0092597		
Date Assigned:	05/19/2015	Date of Injury:	09/16/1995
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/13/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 45-year-old male who sustained an industrial injury on 09/16/1995. His initial report of injury does not accompany the record. The injured worker was diagnosed as having: unspecified internal derangement of knee; lumbosacral spondylosis without myelopathy; intervertebral disc disorder with myelopathy unspecified region; intervertebral disc disorder with myelopathy lumbar region; complete rupture of rotator cuff; sprain lumbar region. Treatment to date has included implantation of an intrathecal Morphine pump trial , spinal tap and myelogram 10/23/2014, radiofrequency thermo coagulation of the lumbar facet medial branch nerve at bilateral L3, bilateral L4, and bilateral L4 on 12/4/14, physical therapy, oral pain medications, and a home exercise program. Diagnostic studies included a right knee CT on 11/03/2011 that revealed post -surgical changes with probable anterior cruciate ligament reconstruction with degenerative arthritis noted in the right knee. A MR arthrogram of the right shoulder on 06/24/2014 revealed severe metallic artifact degrading the study. Currently, the injured worker presents for a scheduled pain pump refill of his intrathecal morphine. He has been able to completely wean off Oxycontin and slowly decrease his Norco from 6 to 3-4 tablets/day. His neck and low back pain is rated a 6/10. He requests an increase in his daily dose of intrathecal morphine with a goal of cutting back further on the daily Norco dose. He takes Norco up to four tablets daily with Anaprox. He also requires FexMid for myospasms across the neck and lower back. Neurontin is taken for radicular symptoms in the upper and lower extremities, and he takes Prilosec twice daily for his medication -induced gastritis symptoms. Other medications include Lexapro, Fiorinal, Ambien, Colace, Lidoderm patch, and Zofran. On his examination, his right

shoulder revealed tenderness. Abduction was limited secondary to pain. His right knee revealed tenderness and mild swelling, with positive crepitus. Treatment plan includes continuation of his Norco, and requesting a Right knee CT scan and Right shoulder CT scan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably modified the request to facilitate weaning. Given the lack of evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not considered medically necessary.

Right knee CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Computed Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 342-343.

Decision rationale: Per the cited ACOEM guideline, special studies are not needed to evaluate most knee complaints, until after a period of conservative care and observation. However, if there is a history of trauma with red flags, imaging may be considered. Based on the available medical records for the injured worker (IW), there are no red flags, and no objective evidence of worsening symptoms clearly indicates a need for imaging. Therefore, further elaboration on the likely course of treatment and management (consideration of surgery, etc) that could indicate a

need for repeat imaging in light of an interval change in symptoms is needed to support the request. The request for CT of the knee at this time is not medically necessary.

Right shoulder CT scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder, Computed Tomography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four to six-week period of conservative management fails to improve symptoms. The provided documents indicate that prior imaging (MR arthrogram) was performed in 2014, and there is not sufficient evidence to indicate a reason for repeat study given lack of clinical changes or concern for development of new objective findings. Therefore, the request for a CT scan of the shoulder is not medically necessary at this time without further elaboration on reasons for the additional imaging, possible plans for surgery, etc.