

<b>Case Number:</b>	CM13-0024957		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	04/21/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 37 year old female who was injured on 4/21/12. The diagnoses are left hip pain, left knee pain, and right hip pain. The patient was also diagnosed with trochanter bursitis. The patient completed physical therapy in 2013. On 11/18/13, [REDACTED] noted significant improvement in the joint pain. The patient was noted to be overprotective of the knee despite reduction in symptoms and clinical signs. The conclusion was that no further surgery was necessary. The medications listed are naproxen 550mg, Tramadol 50mg for pain, and Omeprazole 20mg to prevent gastrointestinal complication from chronic NSAID use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXTENSION OF PRESCRIPTION FOR NORCO, #60 TABLETS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (CRITERIA FOR USE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines addresses the use of opioids in the treatment of chronic musculoskeletal pain. Opioids can be utilized for the short-term treatment of severe pain during acute injury or periods of exacerbations of chronic pain that is not responsive to standard NSAIDs, physical therapy, and exercise. The documentation during

chronic opioid treatment should include compliance monitoring measures such as completing a pain contract, urine drug screening, the absence of aberrant behaviors, and improvement of activities of daily living /functional restoration. The records indicate that the patient had a significant reduction in pain and improvement in function following treatment with naproxen and tramadol. There is no current exacerbation of the joint pain. The criteria for short term treatment with Norco was not met. As such, the request is not medically necessary.