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| <b>Case Number:</b>   | CM13-0033843 |                              |            |
| <b>Date Assigned:</b> | 12/06/2013   | <b>Date of Injury:</b>       | 12/14/1999 |
| <b>Decision Date:</b> | 04/14/2014   | <b>UR Denial Date:</b>       | 09/30/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/10/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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 Physician 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:

This is a male patient with a date of injury December 14, 1999. A utilization review dated September 30, 2013 recommends non-certification of Norco 10/325 3-4 times per day and Duragesic patch 25 µg/hr every three days. A progress note dated September 16, 2013 reported subjective complaints of moderate to severe right knee pain that is present 100% of the time. The patient describes the pain as being burning, sharp, and reported having associated stiffness. The patient reported a decrease in pain with lying down and with sitting. His pain is exacerbated with standing walking and exercise. It was also reported that the patient obtains adequate pain relief with the Norco 10/325 about 3 to 4 tablets per day, the patient gets about 3 to 4 hours of relief. Occasionally the patient will take Percocet 5/225 twice a day. The physical exam identified right knee pain with flexion beyond 100° and tenderness with palpation over the patella, no joint effusion was noted and a patellar tilt test was negative. The diagnoses included sprains and strains of knee and leg not otherwise specified, enthesopathy of knee, and pain in joint of lower leg. An x-ray of the right knee that was done August 5, 2013 demonstrated a well-positioned patella and comparison to the left knee shows a patella of the same level. An undated bone scan shows patella with increased uptake. A urine drug screen was negative for illicit drugs and positive for prescribed pain medications. The discussion notes that the patient's pain is stable and that his activity and functionality have increased on opiate therapy. No report of side effects was noted. Duragesic Patch 25mcg/hr every 3 days and Norco 10/325 3-4 times a day were recommended. A progress note dated October 14, 2013 reported that the patient has increased activity and functionality with opiates. There have been no issues of misuse or diversion. The physician states that the patient is failing short acting opiates. The patient is using Norco and Oxycodone for breakthrough pain. The side effects are

minimal and controllable. Objective findings demonstrated right knee pain with flexion beyond 100° and tenderness to palpation over the patella. The treatment plan recommends initiating treatment with a long acting opiate, Butrans. The note then recommends initiating treatment with Duragesic and Butrans.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg 3-4x per day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127..

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), the Chronic Pain Medical Treatment Guidelines indicate that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the employee's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain). Also, there are conflicting reports of adequate pain relief and of insufficient pain control with Norco. In the absence of clarity regarding those issues, the currently requested Norco is not medically necessary.

**Duragesic patch 25mcg every 3 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), the Chronic Pain Medical Treatment Guidelines indicate that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the employee's function (in terms of specific objective functional improvement) or pain (in terms of reduced NRS, or percent reduction in pain). Also, there are conflicting reports of adequate pain relief and of insufficient pain control with Norco. In the

absence of clarity regarding those issues, the currently requested Norco is not medically necessary.