

<b>Case Number:</b>	CM13-0043805		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology 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 45-year-old male with a date of injury of 2/17/2011. The injury occurred when he fell off a roof. The patient's diagnoses include right knee degenerative joint disease, bilateral mild carpal tunnel syndrome, left wrist arthralgia, cervical and lumbar radiculopathy with multilevel disc herniation of lumbar and cervical spine with moderate-severe foraminal narrowing and facet arthropathy. This patient is status-post left total knee arthroplasty on 7/29/2013, left wrist open reduction and internal fixation on 2/17/2011 and anterior cruciate ligament repair with the date and side not specified. On 9/17/2013 the patient's medical record indicates he is taking 8 Norco per day and he still has 8/10 left knee pain and is ambulating with a walker. According to the note on 9/17/2013 he was prescribed Celebrex and is not taking it. This note also indicates the patient was previously taking Oxycodone and Roxicet. On 10/15/2013 the patient reports 7-9/10 pain in his knee and that he is taking 6 Norco per day. In this note there is mention that the pain is decreased to a 4/10 and function is improved with medication. This same note indicates the patient has a prescription for Celebrex and is not taking it. On 11/12/2013 the patient is noted to take 6 Norco per day with 10/10 pain reduced to 4/10 pain with medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** This patient has documented evidence of chronic low back pain. Norco is a short acting opioid combined with acetaminophen. MTUS Guideline recommendations for opioids for chronic back pain state "Appears to be efficacious but limited for short-term pain relief and long term efficacy is unclear (> 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." There is no clearly documented evidence of reassessment and consideration of alternative therapy. In addition, on-going management MTUS Guideline recommendations states "Pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." In addition the MTUS guidelines state actions should also include "Continuing review of overall situation with regard to non-opioid means of pain control." And "Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months." There is no documented evidence of intensity of pain after taking opioid, how long it takes for pain relief or how long pain lasts. There is no documented evidence of consideration of a consultation with a multidisciplinary pain clinic. Other considerations include specific details of improvement in functional status including physical, psychological and work abilities. According to this patient's medical record on 10/4/2013 his work status is considered "Permanent and stationary. Sedentary work only." In a note dated 1/11/13 there is mention of "Sedentary work only." This indicates there has been no change in work status in 10 months while taking opioid medication. Therefore, the above listed issue is considered NOT medically necessary.