

<b>Case Number:</b>	CM13-0055844		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/06/1991
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 51 year old male who was injured on 11/6/1991. The diagnoses are bilateral knee pain and insomnia. On 12/10/2013, [REDACTED] noted improved ADL, consistent UDS and an active Pain Contract. No adverse effects to medications use was reported. The patient have completed knee surgeries, physical therapy and interventional pain injections. The medication listed are Norco 10/325mg and diclofenac gel for pain, Soma for muscle spasms, Restoril for sleep and amitriptyline for sleep and neuropathic pain. The patient is retired. A Utilization Review was rendered on 11/1/2013 recommending partial certification for Norco 10/325mg #150 to #120 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO ( HYDROCODONE/APAP 10/325MG) #150 (DOS: 04/30/2013): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 79, 80.

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

**Decision rationale:** The Expert Reviewer's decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids can be utilized for short

term treatment of severe pain during acute injury or during periods of exacerbations of chronic pain that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. This patient has been on chronic opioid for many years. The patient is also being treated with Restoril, Soma and amitriptyline. There is increased risk for addiction, dependency and adverse effects in patients who are utilizing multiple addictive medications. The long term chronic use of Norco did not meet the guideline recommendation that opioids be limited to short term treatment of severe pain.