

<b>Case Number:</b>	CM13-0067610		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/12/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and Rehabilitation 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 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:

This patient sustained an injury on 1/12/10 while employed by [REDACTED]. Request under consideration include MEDS NORCO. Diagnoses included L4-5 radiculopathy and Bilateral Medial Knee degenerative joint disease. The patient continues to treat for chronic symptoms complaints with unchanged functional status. A report of 10/23/13 from the provider noted the patient with chronic long-term use of narcotic medications for several years per report of 3/17/10. Continued chronic pain complaints has discomfort involving the low back, knees, feet, and hands. Exam findings include decreased lumbar flexion range of motion and positive straight leg raise. Treatment remains for refill of Norco without specified quantity; however, dosing is 1 QID PRN. Internal medication QME re-evaluation dated 4/1/14 noted medications listing Norco, Celebrex, Gabapentin, muscle relaxant, and something for blood pressure control (patient does not recall names). An Exam showed decreased shoulder range with intact DTRs and preserved sensation. The patient was deemed P&S. The request for MEDS NORCO was not medically necessary on 12/3/13 citing guidelines criteria and lack of medical necessity

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS-NORCO:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects  
Page(s): 74-96.

**Decision rationale:** This patient sustained an injury on 1/12/10 while employed by [REDACTED]. Request under consideration include MEDS-NORCO. Diagnoses were L4-L5 radiculopathy; bilateral medial knee DJD s/p arthroscopy with patelloplasty, partial bimeniscectomy and chondroplasties (12/6/10). The patient continues to treat for chronic symptoms complaints with unchanged functional status. Reports of 12/13/12, 9/10/13, 10/23/13, 3/13/14 from the provider noted the patient with chronic long-term use of narcotic medications for several years per report of 3/17/10. Continued chronic pain complaints has discomfort involving the low back, knees, feet, and hands. Exam findings are essentially identical with findings to include decreased lumbar flexion range of motion and positive straight leg raise. Treatment remains for refill of Norco without specified quantity; however, dosing is 1 QID PRN. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The MEDS-NORCO is not medically necessary and appropriate.