

<b>Case Number:</b>	CM14-0000126		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	04/13/2011
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 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 injured worker is a 55 year old male who reported an injury on 04/13/2011. The mechanism of injury was reported as pulling a stack of bread products. Per the 01/02/2014 clinical note, the injured worker reported right hip pain rated at 6/10. He reported a decrease in pain to 4/10 while on medications with functional improvements. The injured worker's diagnoses included internal derangement of the knees, pain in joint of lower leg, abnormality of gait, localized osteoarthritis of right pelvic region and thigh, right hip bursitis, and right iliotibial band syndrome. Physical exam of the right hip showed 90 degrees of flexion, 30 degrees of abduction, and 20 degrees of adduction with tenderness to palpation. Range of motion of the knees was noted at 130 degrees of flexion on the right and 120 degrees of flexion on the left. The injured worker's medication regimen included Norco 10-325mg, Lisinopril 40mg, Prozac 40mg, and Trazodone 50mg. The provider recommended the injured worker continue Norco 10-325mg. The request for authorization form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**240 TABLETS OF NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Knee Complaints, Opioids, Specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80.

**Decision rationale:** In regards to opioid management, the CA MTUS guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Also, a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Per the 01/02/2014 clinical note, the injured worker reported decreased pain from 6/10 to 4/10 while on Norco. The medical records provided do not demonstrate an adequate pain assessment. There is also no documentation of objective functional improvement, assessment for aberrant use, or side effects. The request for Norco 10/325 mg is not medically necessary.