

<b>Case Number:</b>	CM14-0154070		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 50-year-old male who reported a twisting injury on 07/02/2010. On 03/27/2014, he had clinical signs consistent with a right medial meniscus tear. Subsequently, he underwent arthroscopic surgery of the knee. His medications included Norco 10/325 mg and Cymbalta 30 mg. On 08/13/2014, his diagnoses included cervical radiculopathy, neck pain, hypertension, and thoracolumbar degenerative disc disease/degenerative joint disease. His medications included Atenolol 50mg, Butrans patch 20mcg per hour, Lisinopril 20mg, Norco 10/325mg, Nortriptyline 50mg, and Zolpidem 10mg. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Norco 10/325 mg #240 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, non-steroidal anti-inflammatory drugs (NSAIDs), and/or anticonvulsants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations, including side effects, failed trials of NSAIDs, aspirin, anticonvulsants, quantified efficacy, or drug screens. Additionally, there was no frequency specified in the request. Therefore, this request for Norco 10/325 mg #240 is not medically necessary.