

<b>Case Number:</b>	CM14-0154190		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/22/2001
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/08/2014
<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 and Rehabilitation and is licensed to practice in Alabama. 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 62 year old male who was injured on 8/22/2001. The mechanism of injury is unknown. His medication history included Prilosec, Norco, Lidoderm, Valium and Voltaren gel. The patient underwent left and right total knee replacement surgery in 2009. Progress report dated 7/17/2014 indicated the patient presented with complaints of bilateral knee and ankle pain. The patient rates his pain level as 7/10 with his medications. Objective findings during lumbar examination revealed diffuse tenderness to palpation over paraspinal musculature and anterior knees. Lumbar flexion continued to have restriction to 25 degrees and return to neutral elicits pain. His knee examination revealed bilateral knees with well healed scars. Knee range of motion restricted by at least 50% due to both stiffness and guarding, all motion elicits pain. Ankle examination revealed right tenderness over talus joint with some limitation of range of motion from pain. The patient was diagnosed with painful movement on knee joint, bilateral ankle pain, and chronic pain syndrome. Prior utilization review dated September 8, 2014 indicates the request for Norco 10/325mg, #240 is modified to certify Norco 10/325mg #154.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-97.

**Decision rationale:** The MTUS guidelines states "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, note on 7/17/14 states "Chronic pain medication maintenance regimen benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning," however, there is no documentation of the adverse side effects or aberrant drug-taking behaviors, including drug screening. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.