

<b>Case Number:</b>	CM14-0156527		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Texas. 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:

Medical records reflect the claimant is a 54-year-old female who sustained a work injury on 4/22/97 and 1/4/11. Office visit on 3/12/14 notes the claimant requires medications to maintain any type of functional lifestyle, as well as to help with her pain. She uses 6-8 Norco 10/325mg a day and has been over the last several years. She has been very diligent with her medications, not taking more than prescribed. She also requires Anaprox, Fexmid, and Prilosec. The claimant has significant problems with sleep for which she uses Doral or Ambien. Without the above medications she is unable to function or sleep very well. On exam, the claimant has a stiff antalgic gait, favoring the right lower extremity. There is tenderness to palpation at the posterior lumbar musculature with increased muscle tone. DTR are 2+, SLR is mildly positive bilaterally, sensory exam is decreased along the posterior medial thigh and medial calf bilaterally. There is tenderness to palpation at the medial and lateral joint line of the right knee. There is positive crepitus. Right knee is significantly swollen and tender compared to the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg (8/Day) #240:** 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): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Opioids

**Decision rationale:** Chronic Pain Medical Treatment Guidelines, as well as the ODG, note that ongoing use of opioids requires 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. Four domains have been proposed as most relevant for the 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 claimant reports improvement with medications. However, there is no quantification of improvement or any documentation that this medication improves psychosocial functioning or that the claimant is being monitored as required. Therefore, the medical necessity of this request is not established.