

<b>Case Number:</b>	CM14-0163038		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 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:

The underlying date of injury in this case is 02/02/2014. The date of the utilization review under appeal is 09/14/2014. The patient's diagnoses include status post right elbow fracture, right shoulder pain, wrist pain, chronic right buttock and lower extremity pain, and chronic right knee pain. The patient was seen in primary treating physician followup on 08/19/2014. The patient returned with persistent pain. The treating physician noted in detail the four A's of medication use. Specific analgesia was noted to be improved with medication from 8/10 down to 5/10. Regarding activities of daily living, the patient was noted to be able to clean house, to drive more than 30 minutes, to walk more than 30 minutes, and to walk a mile and a half with medications, which were significant changes. No side effects were noted. Urine drug screens were specifically discussed as being consistent on two recent specific dates as well. Norco was recommended for continuation. An initial physician review concluded that there was not enough documentation of functional benefit to support use of opioid medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg, #180 (DOS: 8/19/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, describe the four A's of opioid management in detail. An initial physician review in this case concluded that there was not sufficient benefit documented to support an indication for ongoing opioids. However, the treating physician very meticulously has documented each of the four elements recommended in the treatment guidelines and very clearly outlines specific functional benefit from this medication in quantitative terms as well as efforts to screen for aberrant behavior and the specific diagnoses which support an indication for opioid treatment. The guidelines for opioid management are very specifically detailed in the medical record. This request is medically necessary.