

<b>Case Number:</b>	CM14-0173596		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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, has a subspecialty in Pain Management 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 patient is a 64 year old female with an injury date of 09/18/08. The 08/15/14 report by ■■■ states that the patient presents with increased constant left knee pain, continuing hip pain with no change and continuing left foot pain to the arch area. Hip pain remains the same, and pain causes sleep disturbance. Pain is described as dull/aching, throbbing, stabbing, numbness, pressure, electrical/shooting, burning, cramping, weakness and spasm. Current pain is rated 7-9/10, previous pain 6-9/10, and pain is frequent and not always the same. The patient also complains of depression, anxiety, memory loss and suicidal ideation as well as vision loss, blurring and light sensitivity. The reports indicate the patient is working. Lumbar/sacral examination shows tenderness over right SI join, internal rotation of right hip area produces pain. The patient's diagnoses include: Hip pain, right Knee pain left Chronic pain syndrome Depression Myofascial pain syndrome Medications are listed as Norco, Levoxyl, Glucophage, Enalaprin, Klor-Con, Furosemide, Alprazolam, Ibuprofen, and Magnesium aspartate. The utilization review being challenged is dated 09/23/14. Reports were provided from 05/16/14 to 11/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 60-61, 88-89, 76-78.

**Decision rationale:** The patient presents with increased constant left knee pain and continuing hip and left foot pain rated 7-9/10 along with depression, anxiety and sleep disturbance. The provider requests for Norco (Hydrocodone and opioid) 10/325 mg #60. It is unknown how long the patient has been using this medication. The reports show use since before 05/16/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." On 08/15/14 [REDACTED] states the Norco allows the patient to remain functional. The reports provided show assessment of pain at each visit with the use of pain scales. On 05/16/14 worst pain is rated 10/10 with no best pain provided. Pain is rated: on 06/06/14: 5-10/10; 07/18/14: 5-9/10 and on 08/15/14: 5-9/10. The reports indicate the patient is working and she is continuing a home exercise program; however, no details of home exercise are provided. Opiate management issues are partially discussed. The provider states the patient was counseled as to the benefits and potential side effects of the medication and she agreed to be compliant in medication usage. On 09/25/14 the provider states that UDS is consistent with the medication regimen although UDS reports are not included in file. Given documentation of the four A's, and some outcome measures, recommendation is medically necessary.