

<b>Case Number:</b>	CM14-0175265		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Internal Medicine 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 injured worker (IW) is a 46-year-old man with a date of injury of June 3, 2009. He sustained injuries when he was unloading products from a truck. When he jumped of the lift gate, products fell on top of him. He sustained injuries to his back, left knee, and psyche. Pursuant to the progress note dated September 23, 2014, the IW complained of persistent low back, neck, and left knee pain with memory loss. He also has rib pain, difficulty controlling his bladder and erectile dysfunction. He rates his pain as 7/10. He indicated that his headaches are worse; otherwise current medications are helping without adverse effects. Objective findings revealed spasms in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. He was wearing a brace on his left knee, and ambulated with a cane. His gait was antalgic. Left knee extension strength was 4/5; left knee flexion strength was 4/5. There was atrophy in the left thigh musculature. Left hip extension was 4+/5. He was diagnosed with low pain, possible lumbar radiculopathy, facet joint arthritis, left sacroiliitis, status-post left chondroplasty patella on 6/28/12, and chronic left knee pain. Current medications include: Tizanidine 4mg, Omeprazole 20mg, Sennakot, and Norco 10/325mg. Documentation indicated that the IW has been on Norco since at least January 2014. The treatment plan consisted only of medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2014 Guidelines Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. For ongoing management the guidelines state issue the ongoing review and documentation for 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 opiate; 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. In this case, progress notes dating back to January 2014 indicate Norco 10/325 mg one tablet to eight hours as needed for breakthrough pain was prescribed. The documentation does not reflect ongoing documentation, functional treatment or a urine drug screen screening. Opiates are meant for short-term use unless there is compelling evidence to the contrary. There is no documentation to support the ongoing chronic use of Norco 10/325 mg. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Norco 10/325 mg #90 is not medically necessary.