

<b>Case Number:</b>	CM14-0181805		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	04/20/2008
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 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 50 year old male who sustained a work injury on 4-20-08. Office visit on 9-23-14 notes the claimant has ongoing right knee pain worse with any type of weight bearing. The claimant's medications included Norco, Anaprox, Prilosec, Soma, Valium and Cialis. The claimant had good but short term relief with the corticosteroid injections. The claimant had Synvisc injection on 4-4-14 which provided the claimant with a good 4 month pain relief to about 50-60% and able to ambulate and bear weight for longer periods of time. The claimant also reported debilitating neck pain that radiated down bot upper extremities. It was noted the claimant does have multiple level disc disease in the most recent evaluation by the orthopedic spine surgeon who recommended surgical intervention in the form of anterior cervical discectomy and fusion at multiple levels. The claimant was also evaluated by another orthopedic spine surgeon who also recommended a multilevel interbody fusion. In addition, the claimant was recently evaluated again on August 12, 2013 by another orthopedic spine surgeon who recommended surgical intervention to the cervical spine, lumbar spine, both shoulders, right knee and possibly the left knee. The claimant is anxiously awaiting to proceed with surgery, especially in the cervical spine. He is three years status post his myocardial infarction and has been off his anticoagulant therapy for about a year. The claimant remains on his current oral analgesic medications which includes Norco 10/325 mg four tablets a day along with Anaprox DS 550 mg, Soma 350 mg, glucosamine 500 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #150:** Upheld

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

**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 -Opioid

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG note that ongoing use of opioids require 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 nonadherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. Therefore, the medical necessity of this request is not established.