

<b>Case Number:</b>	CM14-0056512		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/15/2002
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 73 year old female presenting with chronic pain following a work related injury on 7/15/2002. The claimant complained of chronic low back, left knee and left ankle pain. The physical exam on 3/18/2014 was significant for tenderness over the lumbar paraspinal muscles, left knee and left ankle. There was restricted left knee range of motion with crepitus and mild weakness of the left ankle dorsiflexion and plantarflexors. A lumbar MRI in 2006 showed disc disease at L4-5 and MRI of the left knee from 2006 showed degenerative changes. Electrodiagnostic testing showed peroneal nerve involvement. The claimant tried bracing, hot/cold therapy, chiropractic care, activity modification, aqua therapy and medication management. Claim was made for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco (R)); Opioids, On-Going Management: (c), (e), & (h); Opioids, Recommended Frequency of Visits While in the Trial Phase (first 6 months): (a) & (b); Opioids, When to Discontinue Opioids: (a) through (g); Opioids, When to Continue Opioids: (a) & (b); Opioids for Chronic Pain; Opioids, long-term assessment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 79.

**Decision rationale:** Norco 10/325 mg #60 is not medically necessary. Per the MTUS page 79 of MTUS guidelines states that weaning of opioids are recommended if there are no overall improvement in function, unless there are extenuating circumstances, continuing pain with evidence of intolerable adverse effects, decrease in functioning, resolution of pain, if serious non-adherence is occurring and the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, Norco is not medically necessary.