

<b>Case Number:</b>	CM14-0081941		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/26/2003
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The injured worker is a 54 year old male injured on 03/26/03 when he fell into a hole resulting in hyperextension of the right knee requiring five arthroscopic repairs, physical therapy, and two total knee replacements. The injured worker utilized medication management and lifestyle alteration to circumvent chronic pain symptoms. Clinical note dated 05/19/14 indicated the injured worker reported pain worsened by weight bearing, bending, walking, lifting, and pulling. Injured worker also complained of low back pain onset due to altered gait. Injured worker reported anger and depression due to changes in lifestyle. Injured worker reported medications helped with pain. Refills for Enalapril, atenolol, Niaspan ER, and Norco 10mg BID to TID provided. Initial request for Norco 10/325mg #90 was non-certified on 05/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 (04/23/2014 - 07/15/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg #90 (04/23/2014 - 07/15/2014) cannot be established at this time.