

<b>Case Number:</b>	CM13-0069916		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/18/2008
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 55 year old male with an injury date of 7/18/08. Based on the 10/09/13 progress report, patient reports pain of 7.5/10 in the bilateral knees with "frequent numbness and tingling in bilateral lower extremities." Exam of bilateral lower extremities extend to 180 degrees and flex to approximately 100 degrees although with discomfort. Diagnoses: 1. Internal derangement of the knee bilaterally (717.9). 2. Element of sleep issue (780.5). 3. The patient has cervical radiculopathy with MRI abnormalities, unclear as to coverage (723.4). 4. The patient has issues with stress and depression (308.4, 311). Work status as of 10/09/13: Currently not working. The utilization review being challenged is dated 11/02/13. The request is for Norco 10/325mg. The requesting provider has provided reports from 4/12/13 to 11/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** 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, Opioids for Chronic Pain Page(s): 78, 88, 89.

**Decision rationale:** Regarding use, opioids are recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options. If used on a long-term basis, the criteria for use of opioids should be followed as outlined by MTUS guidelines, pages 88 and 89: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." Also, MTUS page 78, requires documentation of the four As (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. This patient was prescribed Norco for pain for more than four months: - 6/05/13: Patient is given script for Norco 10/325 mg, #120 for pain.- 7/17/13: Provider to provide the Norco #120.- 8/28/13: Patient is given script for Norco 10/325 mg, #170 (for 42 days' supply). Review of the reports does not show any discussion regarding the chronic opiate use. There is no documentation of the four A's (Analgesia, activities of daily living (ADL's), Adverse effect, Aberrant behavior); given the lack of discussion to taper opioid use and the absence of documentation of the four as, as required by MTUS guidelines, modification in the quantity seems appropriate, to initiate a tapering schedule. However, on-going use of Norco is not medically necessary.