

<b>Case Number:</b>	CM14-0121044		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/17/2011
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 Rehab, has a subspecialty in Interventional Spine Pain Management 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 patient is a 66 year old male with an injury date on 09/17/2011. Based on the 06/02/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbago, low back pain 2. Knee pain / joint pain leg 3. Ankle pain, joint According to this report, the patient complains of "continue pain in low back and right gluteus, knee, leg and ankle. Meds do help. No help from Ultram but Norco helps. Is having difficulty with walking significant distances." Pain is rated as a 7/10 with mediations. Physical exam reveals tenderness at the joint line of the right knee, bilateral ankle, and the lumbar facet joints. Mc Murray's test is positive on the right. Lumbar range of motion is decreased. The 03/25/2014 report indicates patient "has issue with Norco as it makes him constipated, sleepy and dizzy." The patient complains of leg pain/sciatica that is an 8/10. Treatment plan is to "switch from Norco to Tramadol. Continue other medications." The 01/28/2014 report indicated "Meds help to a certain degree. Is limited in activity. Pain is under control." The patient's work status is "permanently disabled." There were no other significant findings noted on this report. The utilization review denied the request for one refill to allow for weaning to discontinue Norco 10/325mg #90 on 07/02/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/28/2014 to 06/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One refill to allow for weaning to discontinue Norco 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76, 77,78,80,81,89,91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; criteria for use of opioids Page(s): 60-61, 76-78, 88 and 89.

**Decision rationale:** According to the 06/02/2014 report, this patient presents with "continue pain in low back and right gluteus, knee, leg and ankle." The current request is for one refill to allow for weaning to discontinue Norco 10/325mg #90. This medication was first mentioned in the 01/28/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. In reviewing the provided reports, the treating physician states under "ADL'S: The patient complained of is ambulatory, can perform self-care, cannot perform any house or yard work and is able to drive." The 03/25/2014 report indicates patient "has issue with Norco as it makes him constipated, sleepy and dizzy." In this case, there is documentation of analgesia with pain going from 8/10 to 7/10 but no before and after analgesia is provided. No "significant" improvement in analgesia is noted. ADL's and side effects are discussed as above. However, there is no documentation of aberrant drug seeking behavior or other opiates management issues such as UDS or CURES. Outcomes measures are not documented as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use and the treating physician have failed to clearly document the 4 A's as required by the MTUS. The current request is not medically necessary.