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| <b>Case Number:</b>   | CM14-0195509 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 09/11/1992 |
| <b>Decision Date:</b> | 01/15/2015   | <b>UR Denial Date:</b>       | 11/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 & Rehabilitation and is licensed to practice in North Carolina. 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 59-year-old male who reported an injury on 09/11/1992. The mechanism of injury was not provided. His diagnoses were noted to include pain in the lower leg joint, primary local osteoarthritis of the lower leg, and unspecified disorder of the muscle, ligament, and fascia. His past treatment was noted to include medications. On 10/02/2014, it was noted that he has pain to his left leg, which he rated a 10/10 without the use of medications and 7/10 with the use of medications. However, it was not indicated specifically which medication provided such relief. The injured worker denied any adverse side effects from the medications. Upon physical examination, it was noted that there was tenderness to palpation across the left knee joint and his motor strength in his left knee measured 4/5. His relevant medications were noted to include methadone 10 mg, Norco 10/325 mg, Flexeril 10 mg, and Wellbutrin XL 150 mg. The treatment plan was noted to include Methadone 10 mg #60, Norco 10/325 mg #120, Flexeril 10 mg #90, and Wellbutrin XL 150 mg #30. A request was received for Norco 10/325 #180 without a rationale. The Request for Authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, ongoing use of opioids must be monitored with direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects (ADLs), and aberrant drug taking behaviors. It was noted the patient benefitted from medication use and had no adverse side effects. However, it was not indicated specifically which medication provided such relief. There was no documentation noting ADLs with and without the use of medication or a urine drug screen to determine medication compliance. In the absence of documentation specifying which medication provided such relief, activities of daily living with and without the use of medications, and a urine drug screen, the request is not supported by the evidence based guidelines. Additionally, the request does not specify the duration or frequency of use. As such, the request for Norco 10/325 #180 is not medically necessary.