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| <b>Case Number:</b>   | CM14-0202243 |                              |            |
| <b>Date Assigned:</b> | 12/12/2014   | <b>Date of Injury:</b>       | 11/27/2013 |
| <b>Decision Date:</b> | 02/05/2015   | <b>UR Denial Date:</b>       | 11/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/03/2014 |

### 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 Family Practice and is licensed to practice in Colorado. 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 52 year old male, who sustained an injury on November 27, 2013. The injury occurred when the worker stepped down from a truck. The worker suffered a right knee injury, experiencing acute pain and the inability to walk. X-rays were taken, and no fractures were noted. According to the progress note of December 12, 2013, the injured worker continued to have persistent pain with weight bearing, requiring the injured worker to ambulate with crutches. The injured worker was taking nabumetone and Vicodin for pain. The injured worker was weaned off the Vicodin. On January 10, 2014 the injured worker had a cortisone injection into the right knee, improving the right knee pain. On January 22, 2014, the injured worker had an MRI of the right knee which showed mild chondromalacia within the patellofemoral cartilage, a small amount of fluid in the deep infrapatellar bursa, and edema within the superficial infrapatellar fat. Physical exam documented at that time noted right knee swelling, effusion and pain with weight bearing. The injured worker was diagnosed with right knee sprain and chondromalacia patellae. The injured worker then started complaining of right hip pain, rated 7/10 (0 being no pain and 10 being the worst pain), with no documented trauma. Since January 8, 2014, the injured worker has also been experiencing left hip pain. According to the progress note of September 10, 2014, the injured worker continues with right knee and bilateral hip pain. Physical therapy was requested at this time. The injured worker was given a prescription for tramadol and ibuprofen. The injured worker was working modified schedule with restrictions including no climbing, bending, twisting, squatting, kneeling, or standing, and limited walking for only 30 minutes per hour. On October 13, 2014 the injured worker returned for a follow-up visit and reported that the tramadol and ibuprofen were ineffective. Norco and Naprosyn were prescribed. On November 1, 2014, the UR denied authorization for Norco 10/325mg 90 tablets,

due to the MTUS guidelines regarding opioids for osteoarthritis which state "not recommended for a first line therapy."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90,1 tablet twice daily as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 60, 76-78.

**Decision rationale:** Per the Guidelines, initiation and/or continuation of pain medications requires documentation of need and goals. The following should be documented: The goals for the use of the medications, and whether those goals are being met. Potential benefits and risks. Alternatives and preferences have been discussed with patient only one medication should be started or changed at a time, and other therapies should remain the same during medication adjustments to be able to assess the efficacy of the medication changes. Pain relief should be evident within 1-3 days for pain medications, and within 1 week if using antidepressants for pain. Pain relief and functional improvement should be objectively assessed and documented after initiation of the pain medication to warrant continuation. Per the guidelines, criteria for use of opioids includes questions that should be addressed when initiating continuing opioids: 1) Are there reasonable alternatives to treatment, and have these been tried? 2) Is the patient likely to improve? Examples: Was there improvement on opioid treatment in the acute and sub-acute phases? Were there trials of other treatment, including non-opioid medications? 3) Is the patient at high risk for substance abuse or other adverse outcome from opioids? 4) Are indicators that opioids may not be useful present: No clinically significant relief with opioids tried in the acute / subacute phases. The patient has been given a diagnosis of somatoform disorder, conversion disorder, somatization disorder, pain disorder associated with psychological factors such as anxiety or depression. (The above diagnoses have been associated with poor response to opioids) 5) Are there inconsistencies in patient history, behaviors, or physical findings? 6) Are Treatment Agreement and Urine drug screens indicated. Short acting opioids are recommended for intermittent pain and long acting opioids are recommended for persistent pain, Opioid discontinuation should be considered if opioids do not improve patient pain. For the patient of concern, the records do not indicate that alternatives to opioids were considered or tried prior to the Tramadol/Ibuprofen combination of medications, so first line medications acetaminophen and/or non-steroidal anti-inflammatory drugs were not tried alone. As of the October 13, 2014 clinic visit, the treating physician is changing 2 medications (not just 1 as recommended) by discontinuing both Tramadol and Ibuprofen and starting Norco and Naprosyn. The records supplied for review do not indicate patient's previous response to opioids and do not address any risks for aberrant drug taking behavior that may exist. No goals for the use of pain medications are set in the record. The initiation/adjustment of opioids in this patient does not meet the requirements of the Guidelines as above. Therefore, the Norco is not considered medically necessary at this time.

