

<b>Case Number:</b>	CM14-0204059		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/24/2010
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational Medicine 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 51 year old male, construction welding foreman, with date of injury on 01/24/2010. The mechanism of injury is not found in the submitted documentation. The patient complains of right knee pain with radiating lower back pain rated 3 of 10 with medication and 8 of 10 without medication. 08/28/2013 x-ray of the L-spine showed mild degenerative changes. MRI was negative for the L-spine. The patient has undergone a right total knee arthroplasty 08/24/2010. EMG/NCV of bilateral lower extremities showed evidence of left and right chronic L5 lumbar radiculopathy with active denervation. Treatment has included physical therapy, epidural steroid injection, walking daily exercise with stretches and medications. The current medication regimen provides moderate relief and optimizes function such that the patient is able to complete activities of daily living independently. Utilization Review dated 11/05/2014 modified the requested Norco per Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker reports a 20% improvement in pain symptoms with the use of Norco 10/325 mg three times daily. Pain without medications is 9/10 and with medications is 5/10. He has completed 12 sessions of physical therapy and is encouraged to continue home exercise program. He reports walking 3 miles per day with diet changes and an 18 pound weight loss over two months. Urine drug screen on 8/2/2013 was positive for THC at 571 ng/mL. He is reported to have previously overtaken his medications, but no aberrant behavior since 9/27/2013. Urine drug screen on 2/1/2014 did not detect prescribed Norco, Neurontin, or Flexeril. CURES report on 2/7/2014 showed that the injured worker was receiving opiate medications from another provider. CURES report on 4/4/2014 was consistent. Urine drug screen on 5/2/2014 was consistent with prescribed medication except no Flexeril was found. He is also prescribed Neurontin 300 mg three times daily for neuropathic pain and Naproxen 500 mg twice a day as needed for anti-inflammatory pain. Chronic treatment with opioid pain medications does not appear appropriate with this injured worker. There are inconsistencies regarding the use of medications. Norco use is reported to provide 20% improvement in pain symptoms, but there are other non-opioid pain medications also being prescribed. The injured worker is participating in home exercises, but it is not clear that opioid pain medications are necessary for the injured worker to remain functional. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The claims administrator modified this request to allow for weaning of opioid pain medications. The request for Norco 10/325 mg #90 is determined to not be medically necessary.