

<b>Case Number:</b>	CM14-0204926		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 Emergency 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:

Patient with reported date of injury on 1/30/2007. Mechanism of injury is described as standing of a ladder, a beam fell onto right shoulder and shock pressed his feet against the ladder leading to back and foot pains. Patient has a diagnosis of bilateral knee pain with severe chondromalacia, R knee ganglion cyst, bilateral foot pain post tarsal tunnel releases(no date provided), chronic plantar fasciitis, neuropathic pain to lower extremities, insomnia, back pain and depression. Medical reports reviewed. Last report available until 11/26/14. Patient complains of bilateral knee and ankle pain. Wearing braces and using a cane. Pain improves by "50%" and function improves by "50%" with pain medications. Pain is 8-10 and improves to 10/10 without medications. Patient has depression but feels improves with current medications. Objective exam reveals bilateral knee with full range of motion. Crepitus bilaterally with negative McMurray's. Positive patellar compression. Ankle exam reveals plantar fascia pain with painful range of motion. Normal temperature. Allodynia to light touch and summation to pinprick. Pt reportedly has pain contract and urine drug screen has been appropriate. Norco use is reportedly 1-2 tablets every 4-6 hours for breakthrough pain. Current medications include Nucynta, Norco, Clonidine, Ambien, Nuvigil, Abilfy, and Cymbalta. Independent Medical Review is for Norco 10/325mg #180. Prior Utilization Review on 11/13/14 recommended modification to #75 for weaning. It approved Nucynta and Cymbalta prescriptions. But recommend weaning off Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient reportedly takes 1-2 tablets every 4-6 hours. This leads to a maximum 6-12 tablets or 60-120mg of hydrocodone and 3.9 to over 7.8g of acetaminophen in 24 hour time period which has a high risk for overdose. Patient also is on Nucynta, another opioid like medication. In combination, patient dosing exceeds maximum recommended dosing of 120mg Morphine Equivalent Dose. Patient also has no documented objective improvement in pain or function (as defined by MTUS guidelines) and has significant issues with sedation and side effects. Claim of "50%" improvement is a subjective and inappropriate description of objective improvement. Due to lack of objective improvement, side effects, excessive opioid use and potential overdose of acetaminophen, current prescription of Norco is not medically necessary.