

<b>Case Number:</b>	CM14-0072030		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/29/2012
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 New Jersey. 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 worker is a 44-year old male who was injured on 6/29/2012 involving a motor vehicle accident. He has a history of having experienced two other injuries previous to this one. He was later diagnosed with lumbosacral strain, right wrist strain, and strain of the left shoulder/upper arm. He was treated with physical therapy, medications (including opioids), and lumbar facet joint injections. He was sent to a pain specialist for medication management. On 4/2/14, the worker was seen by his primary treating physician reporting low back and left knee pain. Physical examination revealed tenderness at lumbosacral junction as well as superior iliac crest, normal motor strength, and tenderness along anterior, medial, and lateral joint lines of the left knee with full range of motion and evidence of patellofemoral grind. Physical therapy for his knee as well as acupuncture, omeprazole, and Norco were all recommended to him.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been experiencing chronic low back pain and knee pain following his injury for which he was referred to a pain management specialist to manage his pain medications. Later, there was a request for Norco by his primary treating physician. There was not any clear evidence of a transfer of pain medication management control back over to the primary treating physician to warrant this prescription. Also, in the request, there was missing the number of pills, which is required before any consideration can be made. Therefore, the Norco is not medically necessary.