

<b>Case Number:</b>	CM15-0003865		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 31 year old male who sustained a work related injury to his lower back and knees on November 5, 2011 when trying to adjust two floor mats he felt sudden pain. He was diagnosed with right knee meniscus tear, lumbar herniations with radiculopathy, lumbago and lumbar sprain. The injured worker underwent a right arthroscopic chondroplasty, partial medial/lateral meniscectomy and synovectomy in April 2013. As reported in the August 25, 2014 medical review, a magnetic resonance imaging (MRI) in February 2012 noted a L4-5 disc bulge without central canal narrowing and mild neural foraminal narrowing. At L5-S1 a 3mm disc bulge was documented with bilateral neural foraminal narrowing, mild on the left and mild to moderate on the right. The patient continues to experience chronic low back pain and bilateral knee pain. The patient ambulates with a minimal limp. No assistive device is used. Current medications include Vorco, Ibuprofen, Ambien and Celexa. Treatment modalities consist of physical therapy, medication and psychotherapy sessions. The treating physician requested authorization for Norco 10/325 mg #40. On December 30, 2014 the Utilization Review denied certification for Norco 10/325 mg #40. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, regarding management and continued Opioid Usage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The most recent reports provided for review are psychiatric treatment notes. The 08/25/14 orthopedic evaluation report states that the patient presents with lower back pain and bilateral knee pain. The current request is for NORCO 10/325 mg #40 Hydrocodone/Acetaminophen, an opioid. The RFA is not included. The 12/30/14 utilization review states the date of request is 12/22/14. The 08/25/14 report under Work status states, the patient should be off work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided do not discuss this request; however, Hydrocodone/Acetaminophen Vicodin has been prescribed since at least 06/27/14. In this case, the 4A's have not been documented. Pain is not routinely assessed through the use of pain scales or a validated instrument. No specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are not addressed. There is no discussion of adverse side effects or adverse behavior. No urine toxicology reports are provided for review or documented. There is no mention of CURES. No outcome measures are provided. Long-term opioid use has not been sufficiently documented as required by guidelines. The request IS NOT medically necessary.