

<b>Case Number:</b>	CM15-0009391		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/09/1998
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 66 year old male, who sustained an industrial injury on 4/9/1998. The current diagnoses are osteoarthritis of the knee, knee pain, and status post total right knee arthroplasty revision (8/14/2014). There is a history of lumbar spine fusion and chronic low back. Currently, the injured worker complains of persistent right knee pain; however, he states he has noticed an improvement. Additionally, he reports low back pain radiating to the right lower extremity. There was objective findings of tenderness to palpation of the lumbar paraspinal area. The Medication Risk Assessment questionnaire showed a history of depression, alcohol and illegal drug use. Current pain medications are Norco and benzodiazepines. The UDS dated 11/20/2014 was reported to be consistent with prescribed medications. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Norco 10/325 mg #160, which is now under review. On 1/5/2015, Utilization Review had non-certified a request for Norco 10/325 mg #160. The Norco was non-certified based on no evidence of objective functional benefit with the use of this medication. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #160:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Pain Chapter Opioids. Mental illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of severe musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of opioids is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with alcohol and sedatives. The records indicate that the patient have been on chronic opioid medications for many years. There is continued subjective complaints of severe pain and functional limitation indicating diminished efficacy. There was a high score on the Medication Risk Assessment Index. There is no documentation of failed treatment with NSAIDs, co-analgesics and antidepressants in this patient with a positive history of depression. The criteria for the use of Norco 10/325mg #160 was not met.