

<b>Case Number:</b>	CM15-0010617		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 (IW) is a 61-year-old male who sustained an industrial related injury on 1/31/03. The injured worker had complaints of neck, bilateral shoulder, bilateral knee, low back, and elbow pain. Diagnoses included bilateral knee disc injury displacement; status post left shoulder rotator cuff in 2010, right shoulder rotator cuff injury, cervical disc injury, lumbar spine disc injury, bilateral epicondylitis, cervical and lumbar disc displacement, and cervical and lumbar sprain/strain. Medication included Norco, Zanaflex, and ibuprofen. Per office notes, he has been taking Norco since 2003, and current treatment plan is for functional restoration program to facilitate weaning from opioids. He has been on a stable dose of Norco 5/325 twice daily prn. Other treatment has included physical therapy. Current pain level is 8/10. The treating physician requested authorization for Norco 10/325mg. As of 04/30/14, IW reported 50% pain relief with medications, but duration of relief had decreased to 4-5 hours, compared to 6-7 hours as of 02/21/13. 08/05/14 he reported 40% relief with medication. IW reported that medication improved his ability to perform activities of daily living. A trial of increase in Norco strength was not tolerated, and on 08/14/14, IW reported that Norco 7.5/325 was too potent. On 1/20/15, the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no measurable pain relief or quantifiable functional improvement to warrant ongoing use of the medication. In addition, quantity of medication was not specified in request. Therefore, the request was non-certified.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

**Decision rationale:** MTUS states: "Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states "monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs." Office notes document symptomatic and functional response to long-term opioid therapy with Norco 5/325 bid, but recent decline in effectiveness of Norco and inability to tolerate a dosage increase to Norco 7.5/325. Treating physician has indicated that treatment plan is to wean IW from opioids. A rationale to support increase of strength to Norco 10/325 is not documented. In addition, the amount or frequency of medication was not specified in this request. Based upon the information supplied, medical necessity is not established for this request.