

<b>Case Number:</b>	CM15-0133691		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/20/1996
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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, 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 75 year old male patient who sustained an industrial injury on 03/20/1996. The accident was described as while working as a pilot he slipped and fell on a boarding ladder falling between the ladder and the plane. A primary treating office visit dated 02/19/2015 reported the patient with subjective complaint of having knee pain. He is also with subjective complaint of back pain. He does have a recent history for falls and has bilateral knee pains. He has a surgical history to include: left total knee arthroplasty, and a right total knee arthroplasty. Current medications are: Norco, Restoril, and Vioxx. He was administered a trigger point injection L3-S1 bilaterally and initiated Gabapentin 100mg at bedtime. A pain medication re-evaluation dated 01/02/2015 reported subjective complaint of constant low back pain, lower extremity pain, insomnia and gastric upset. He states having difficulty obtaining medications from the pharmacy. A radiologic study done on 12/15/1994 showed an MRI of the lumbar spine with L5-S1 disc space with significant desiccation and large left lateral disc herniation filling the neural foramen and compressing the left L-5 nerve root ganglion. The following diagnoses were applied: lumbar disc degeneration; lumbar disc displacement; lumbar radiculopathy; medication related dyspepsia; chronic pain, other; status post knee replacements; insomnia and obesity. The patient is currently not working. He is to continue with home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60, 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76, 77, 78, 43, 74, 86, 80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain and function, in terms of activities of daily living. There were no significant side effects from medication. The patient has had an inconsistent urine drug screen on 6/12/2014 because he has reduced taking medication as pain is better controlled, and he was not taking the medication on the date of the urine testing. A repeat urine drug screen performed on 1/8/2015 showed consistent use. The provider also documented consistent CUREs report in 11/2014. As such, the currently requested Norco (Hydrocodone/acetaminophen) is reasonable and medically necessary.