

<b>Case Number:</b>	CM15-0134244		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	10/30/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/12/2015
<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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 53 year old male, who sustained an industrial injury on October 30, 2009. The injured worker was diagnosed as having lower leg joint pain, cervicobrachial syndrome and cervical spinal stenosis. Treatment to date has included medication. A progress note dated May 1, 2015 provides the injured worker complains of bilateral knee pain unchanged from previous visit. He reports 60% decrease in pain with the use of Norco and further benefit when combining Aleve with it. He would like a prescription of naproxen. Physical exam notes an antalgic gait and bilateral knee tenderness. The plan includes naproxen and hydrocodone/acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg, #180, DOS 05/01/2015:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.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, it is stated in the notes provided that the worker was experiencing 60% reduction in pain and improvements in walking, activities of daily living, and home exercises with the use of Norco and that he did not tolerate any other opioids, including many long-acting opioids for his ongoing chronic pain. It is stated that he has a pain contract and has been compliant with medication use without aberrant drug taking behavior or significant side effects reported to justify stopping this medication. Therefore, it is reasonable to continue use of Norco as prescribed as long as there is an effort to gradually reduce the amount used in the near future as planned.