

<b>Case Number:</b>	CM15-0134726		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/25/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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, District of Columbia, Maryland  
 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 47 year old male, who sustained an industrial injury on 9/25/2013. He reported bilateral knee pain after a fall. The injured worker was diagnosed as having chronic bilateral knee pain secondary to internal knee derangement, degenerative change and arthritis, status post bilateral knee arthroscopic surgery with residual pain, chronic leg pain with paresthesia in the left leg, chronic low back pain and left 5th finger deformity. Treatment to date has included electrodiagnostic studies (6/26/2015), medications, bilateral knee surgery, and physical therapy. The request is for Norco. On 3/2/2015, he complained of constant aching of the left knee with swelling. Physical findings revealed are swelling of both knees. He is noted as not working at this time, and on crutches. The treatment plan included: prednisone, Vicodin and follow up. On 4/6/2015, he complained of bilateral leg pain, bilateral knee pain, low back pain and pain to the left 5th finger with noted deformity. He rated his pain as 3/10 with medications and 8/10 without medications. He indicated that rest, non-steroidal anti-inflammatory drugs, Norco, ice and cortisone were the alleviating factors. He is noted to have described limitations with work, daily activities and sleep due to the pain; however the descriptions are not elaborated upon. Physical examination revealed surgical scars over both knees, left 5th finger could not flexion, tenderness of the low back area and tenderness in the buttocks and knees. The treatment plan included: discontinue Norco, urine drug testing, start Tramadol, home exercise, and electrodiagnostic studies. On 5/4/2015, he reported that Tramadol worked for his pain; however he felt it caused erectile dysfunction. He rated his pain 5/10. The treatment plan included: discontinuing Tramadol and restart Norco. On 6/1/2015, he reported that Norco reduces his left

knee pain. He rated his pain 3/10. The treatment plan included: continuation of Norco. On 6/29/2015, he denied having side effects with Norco. He rated his pain 5/10. Tenderness is noted to the knees. He continues to be off work. The treatment plan included: continue Norco and Celebrex.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per progress report dated 4/6/15 it was noted that UDS performed on this day was negative for opiates which was inconsistent with his prescribed medications. He stated that he did not take norco in the last one week. It was noted that norco was to be discontinued and tramadol was to be prescribed. As there was no documentation supporting the ongoing use of this medication, and as it was to be removed from the treatment plan, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.