

<b>Case Number:</b>	CM15-0141294		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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

### 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 43 year old male, who sustained an industrial injury on 6-10-2014. He reported left leg pain. The mechanism of injury is not indicated. The injured worker was diagnosed as having left leg pain, status post open reduction fracture left proximal tibia. Treatment to date has included medications, magnetic resonance imaging of the left knee (4-7-2015). The request is for Norco. He is noted to have been utilizing Norco since at least November 2014, possibly longer. Several pages of the medical records have handwritten information which is difficult to decipher. On 3-19-2015, he reported left leg pain with swelling on a daily basis. He reported still taking pain medications of 3 to 4 tablets per day. The treatment plan included: work status without restrictions, magnetic resonance imaging of the left knee and Norco. On 4-23-2015, he was returned to full duty work status. He reported continued left leg pain and swelling. He rated his pain 7 out of 10 with medications and 9.5 to 10.5 out of 10 without medications. He rated his right knee pain a 9 out of 10 and indicated his pain in the right leg to be due to compensation of the left. He reported now developed low back pain. He is noted to have a slow guarded gait. Medications are noted to help him function. The treatment plan included: Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient was injured on 06/10/14 and presents with left leg pain. The request is for NORCO 10/325 MG #90. The RFA is dated 05/06/15 and the patient can return to work full duty on 04/23/15. The patient has been taking this medication as early as 11/14/14 and treatment reports are provided from 11/14/14 to 06/30/15. MTUS Guidelines, Criteria For Use of Opioids (Long-Term Users of Opioids), pages 88 and 89 state: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 01/16/15 report states that the patient rates his pain as a 2-4/10, the 02/19/15 report indicates he rates it as a 3-4/10, and the 04/23/15 report states that he rates it as a 7/10 with medications and a 9.5/10 without medications. Although the treater provided before and after medication pain scales, not all of the 4 As are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments and no outcome measures are provided either as required by MTUS Guidelines. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.