

<b>Case Number:</b>	CM15-0161219		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	07/12/1987
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Texas, Florida, California

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 70-year-old male injured worker suffered an industrial injury on 7-12-1987. The diagnoses included localized osteoarthritis of the lower leg, lumbosacral spondylosis without myelopathy, and degeneration of the lumbosacral intervertebral disc. The treatment included medications, multiple knee surgeries, physical therapy, chiropractic therapy and massage therapy. On 7-6-2015, the treating provider reported right knee pain after total knee replacement and bilateral low back pain rated 7 out of 10 at worst and 2 out of 10 at the least. He used Norco #90 over a 2-month period. The risk assessment for aberrant drug use was current. The treatment goals included improved quality of life, improved sleep and productive daily living. It was not clear if the injured worker had returned to work. The requested treatments included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Norco 10/325mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88.

**Decision rationale:** This claimant was injured in 1987 and has osteoarthritis of the lower leg, lumbosacral spondylosis without myelopathy, and degeneration of the lumbosacral intervertebral disc. The treatment included medications, multiple knee surgeries, physical therapy, chiropractic therapy and massage therapy. As of July, there was right knee pain after total knee replacement and bilateral low back pain rated 7 out of 10 at worst and 2 out of 10 at the least. He used Norco #90 over a 2-month period. The treatment goals included improved quality of life, improved sleep and productive daily living. It was not clear if the injured worker had returned to work or what the objective functional improvement, however, has been. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.