

<b>Case Number:</b>	CM15-0161951		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	12/21/2000
<b>Decision Date:</b>	10/02/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 71 year old male who sustained an industrial injury on 12-21-2000. He has reported injury to the left shoulder, both upper extremities, wrists, hands, low back, right knee, and mid back and has been diagnosed with discogenic cervical condition , thoracic sprain with radicular component, discogenic lumbar condition, internal derangement of the knee on the right side status post two arthroscopies followed by two sets of hyalgan injection and for which finally a total knee replacement was provided, carpal tunnel syndrome bilaterally status post decompression increasing numbness and tingling in both upper extremities, multiple trigger finger status post release. Status post trapezium excision on the left and CMC joint abrasion arthroplasty on the right, left shoulder impingement status post release, biceps tendon rupture on the left elbow status post repair, and a right tibial fracture. Treatment has included medication, physical therapy, surgery, injections, and TENS. Objective findings note increased range of motion. There was tenderness along the lumbar spine. There was tenderness along the rotator cuff with loss of motion on the left. There was tenderness along the tip of the clavicle. The treatment plan included medications. The treatment request 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 ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

**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:** Based on the 7/1/15 progress report provided by the treating physician, this patient presents with left shoulder pain, bilateral upper extremity pain, low back pain, right knee pain, and mid-back pain. The treater has asked for norco 10/325MG #90 on 7/1/15. The request for authorization was not included in provided reports. The patient is s/p total knee replacement, shoulder decompression of unspecified dates per 6/3/15 report. The patient is using a back brace, hot/cold wrap, thumb spica splints, TENS unit with conductive garment but efficacy is not noted in 6/3/15 report. The patient states that the longest distance he walks is 200 yards and "then he pays the price for it" per 7/1/15 report. The patient is not working but treater states "at best could do sedentary type of work" as of 7/1/15 report. MTUS Guidelines Criteria For Use of Opioids Section under Long-Term Users of Opioids, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS Criteria For Use of Opioids Section under Therapeutic Trial of Opioids, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000) MTUS Criteria for Use of Opioids Section under Therapeutic Trial of Opioids, Page 77: Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. See Function Measures. The treater does not discuss this request in the reports provided. However, the 6/3/15 report shows that the patient's Norco went from 4 tablets per day to 3 tablets, with a prescription for #90 for a month supply. Prior to this, the patient appears to have been on Ultracet based on notes from 3/24/14 to 2/3/15. This was then switched to Norco's per reports 5/6/15 to 7/1/15. None of these reports discuss before and after pain scales showing analgesia nor ADL changes showing significant improvement. An urine drug screen on 6/8/15 showed consistent with prescribed medications. No other discussions are provided regarding aberrant behavior. No validated instruments were used showing significant pain and functional improvements. Given the lack of documentation as required by MTUS, the request is not medically necessary.