

<b>Case Number:</b>	CM15-0181295		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/30/2004
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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:

This is a 66-year-old female worker with a date of injury 12-20-2004. The medical records indicated the injured worker (IW) was treated for status post left knee arthroscopy (2005); failed left total knee replacement with multidirectional instability; lumbar spine sprain and bilateral sciatica; cervical spine sprain with left upper extremity radiculopathy; and status post right shoulder greater tuberosity fracture, healed. In the 7-24-15 progress notes, the IW reported right shoulder pain radiating to the right thumb due to using her cane at home; she was awaiting left knee replacement revision. Her pain was 7 to 9 out of 10. She had difficulty with walking, navigating stairs, reaching, grasping, manipulating objects and was unable to carry anything. She could not engage in social or recreational activities. She was temporarily totally disabled for the next six weeks. There no recent records of objective findings. Treatments included medications (Norco since at least 10-2014), physical therapy (increased her pain), bracing and activity modification. A urine drug screen on 6-18-15 was consistent with prescribed medication. A Request for Authorization dated 8-10-15 was received for Norco 10mg, 1 tab twice daily, #60 with two or three refills. The Utilization Review on 8-14-15 non-certified the request for Norco 10mg, 1 tab twice daily, #60 with two or three refills because the CA MTUS Chronic Pain Medical Treatment Guidelines were not met.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg, 1 tab twice a day #60 with 2-3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, this request for 210 percocet does not imply close monitoring for effectiveness or aberrant behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10mg, 1 tab twice a day #60 with 2-3 refills is determined to not be medically necessary.