

<b>Case Number:</b>	CM15-0181644		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	10/27/2015	<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: 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 58-year-old male with an industrial injury date of 01-09-2014. Medical record review indicates he is being treated for right shoulder impingement syndrome verses rotator cuff tear, lumbar 5-sacral 1 disc degeneration with acute lumbar strain and left knee internal derangement. Past medical history included hyperlipidemia, hypertension and myocardial infarction (2001.) On 08-03-2015, subjective complaints include lower back pain, which radiated into the left hip with pain rating of 6 out of 10 without and 2 out of 10 with medications. Previous pain ratings were as follows: 06-28-2015 - 6-8 out of 10 without and 2-4 out of 10 with pain medications, 05-26-2015 - 5-7 out of 10 without and 2-3 out of 10 with medications and 04-28-2015 - 6-8 out of 10 without and 2-3 out of 10 with medications. Other subjective complaints (08-03-2015) included left knee pain rated as 6-8 out of 10 without and 2 out of 10 with the use of medications. Previous pain ratings were as follows: 06-28-2015 - 6-8 out of 10 without and 2-4 out of 10 with pain medications, 05-26-2015 - 5-8 out of 10 without and 2-3 out of 10 with medications and 04-28-2015 - 6-7 out of 10 without and 2-3 out of 10 with medications. As of 08-03-2015 work status was "modified duty." "No climbing, bending, or stooping." "No repetitive lifting, pushing or pulling greater than 5 pounds." Activities of daily living documented in the 04-02-2015 note are described as follows: "Mild to moderate" impairment with self-care and personal hygiene; sensory function and non-specialized hand activities. The injured worker notes moderate to severe impairment with physical activity and severe impairment with travel and sleep. Prior treatments are documented as home exercise program, anti-inflammatory medications and pain medication. The report dated 04-02-2015 (review of records) notes treatment plan dated 01-21-2014 included hydrocodone-acetaminophen. Physical exam done on 08-03-2015 revealed palpable tenderness over the medial

joint line and medial tibial plateau of the knee. McMurray's test was positive on the left knee. The exam also revealed tenderness over the left greater trochanter bursa. The injured worker was awaiting knee surgery. The treating physician documents the urine drug screen done on 05-26-2015 was "consistent." The treatment request is for Norco 10-325 mg #60. On 08-14-2014, the request for Norco 10-325 mg # 60 was denied by utilization review.

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

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

**Norco 10/325mg #60:** 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, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. non-malignant pain.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic January 2014 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #60 is not medically necessary and appropriate.