

<b>Case Number:</b>	CM15-0190324		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	06/07/2003
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 63 year old male, who sustained an industrial injury on 6-7-2003. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include left knee osteoarthritis, status post total knee replacement, wrist joint arthritis, status post right fusion and status post removal of plate, stenosing tenosynovitis in right ring finger, status post two injections, and sleep disorder, depression and stress. Treatments to date include activity modification, wrist brace, knee brace, and therapeutic injection to the hand, hot and cold wraps. Currently, he complained of ongoing left knee and right wrist pain. On 8-25-15, the physical examination documented no range of motion in the wrist with effusion noted. The left knee demonstrated 110 degrees flexion and full extension status post total knee replacement. The provider documented previous denials for Norco, Nalfon, Tramadol ER, Protonix, LidoPro cream and TENS unit starting in March 2015; however, there is no documentation submitted indicating when the medication was used and objective evaluation of medication efficacy. In addition, the dose and frequency of Norco was not submitted for this review. On 6-23-15, the provider documented a prescription was written for Norco 10-325mg #120. The appeal requested authorization for Norco #120. The Utilization Review dated 9-2-15, denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds x2: Norco, #120:** 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, long-term assessment.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was very limited reporting found from recent notes provided to show this full review was completed. There was no mention of how effective Norco was at measurably reducing pain and improving function when regularly used. Also, this request for Norco did not include a dose, which is required for approval. Therefore, considering the above reasons, this request will be considered medically unnecessary at this time.