

<b>Case Number:</b>	CM15-0199971		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Pennsylvania, Ohio, 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 45 year old female, who sustained an industrial injury on 8-23-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, right shoulder strain, right knee contusion and strain, right hip contusion and strain, right ankle strain, obesity, and flare-up of her condition. On 8-24-2015, the injured worker reported right shoulder, right knee, right ankle, and right arm pain, rating the right shoulder pain as 4-5 out of 10 to 6 out of 10 with heavy lifting, rated 7 out of 10 on 7-20-2015, and right knee pain 4 out of 10 with 6 out of 10 with prolonged standing, walking, twisting, and bending, rated 7 out of 10 on 7-20-2015. The Primary Treating Physician's report dated 8-24-2015, noted the injured worker noted improvement with aqua therapy, with the pain improved with rest and medication. The injured worker's current medications were noted to include Diclofenac, prescribed since at least 5-20-2015, Gabapentin, prescribed since at least 6-19-2015, and Norco prescribed since at least 4-30-2015. The physical examination was noted to show right shoulder loss of range of motion (ROM), right knee tenderness over the medial and lateral compartment, and positive patellofemoral grind test. The Physician noted the injured worker would continue to wean herself off the Norco. Prior treatments have included The treatment plan was noted to include continued aquatic therapy and written prescriptions for Neurontin, Diclofenac, and Norco, with the medications prescribed to control the injured worker's symptoms and aid in restoring function in order to adequately perform her activities of daily living (ADLs), and symptom control was necessary to return the injured worker to gainful employment. The injured worker's work status was noted to be returning to modified work. The

request for authorization dated 9-10-2015, requested Neurontin (Gabapentin) 300mg # 30, Diclofenac 75mg #60, and Norco 10-325mg #90. The Utilization Review (UR) dated 9-17-2015, certified the request for Neurontin (Gabapentin) 300mg # 30 and Diclofenac 75mg #60, and denied the request for Norco 10-325mg #90.

### **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 Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.