

<b>Case Number:</b>	CM15-0203043		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	05/15/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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, Hawaii  
 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 51 year old male, who sustained an industrial-work injury on 5-15-14. The injured worker was diagnosed as having cervical spine sprain-strain with radiculopathy, toxic exposure with loss of consciousness, and right knee sprain-strain, history of meniscus tear, depression and anxiety. Treatment to date has included medication: Motrin and Norco with past use of Voltaren ER and cyclo-keto-lido cream, 2 sessions of physical therapy, psychology, injection (Kenalog) to right carpal tunnel and left hip greater trochanteric bursa. Currently, the injured worker complains of hand numbness and tingling, right knee pain rated 4 out of 10, left knee pain rated 4-5 out of 10, foot pain rated 6-7 out of 10, and pain in the foot and ankle rated 5-6 out of 10. A cane was used for ambulation. Per the primary physician's progress report (PR-2) on 9-3-15, exam noted findings unchanged since 7-20-15. There was difficulty rising from sitting position, tenderness in hip and knee, tenderness of the left Achilles tendon and metatarsals, positive patellar grind, ecchymosis and edema in the bilateral knees, crepitus in the knees, decreased lumbar range of motion, decreased motor strength in the lower extremity, and bilateral quadriceps atrophy. Current plan of care includes medication for pain management. The Request for Authorization requested service to include Norco 5/325mg #60. The Utilization Review on 10-5-15 modified-denied the request for Norco 5/325mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

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

**Decision rationale:** The patient presents with recent complaints of hand numbness and tingling, bilateral knee pain and pain in the foot and ankle. The current request is for Norco 5/325mg #60. The treating physician states in the treating report dated 9/3/15 (234B), "Medication: Norco 5/325, 1 tab p.o. bid #60, no refill." The clinical history also notes the patient's work status as "temporarily total disability thru 6 weeks." For chronic opiate use, MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is minimal discussion regarding analgesia, ADLs, adverse side effects and/or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.