

<b>Case Number:</b>	CM15-0204075		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/16/1999
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 49 year old male, who sustained an industrial injury on 7-16-99. The injured worker is diagnosed with chronic intractable pain, myofascial pain, osteoarthritis, extremity pain, and hip strain. The injured worker is working full duty. Notes dated 6-25-15 and 9-21-15 reveal the injured worker presented with complaints of left leg, left knee, left hip, and back pain. He describes his low back pain as "being knifed" and his knee pain is constant. His left leg pain is moderate and described as aching and sharp. He reports an overall improvement in pain, range of motion, activity, and activities of daily living by 60- 80% from his current regimen. Physical examinations dated 6-25-15 and 9-21-15 revealed moderate, bilateral lumbar, and left sacroiliac joint pain. The left knee reveals moderate tenderness to palpation. His gait is altered and guarded due to left hip pain. Treatment to date has included the medications Norco (5-2014) Celebrex (discontinued) and Valium, physical therapy, brace, and walking for exercise. A request for authorization dated 9-4-15 for Norco 10-325 mg #120 was non-certified, per Utilization Review letter dated 10-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The cited CA MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records from 10-22-15 included decreased pain of 60% with medications (absolute VAS score not listed), no significant adverse effects, and pain contract on file, no aberrant behavior, negative CURES report on 9-21-15, improved subjective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 10/325 mg #120 is medically necessary and appropriate for ongoing pain management.