

<b>Case Number:</b>	CM15-0207934		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/21/2014
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 54 year old male, who sustained an industrial injury on January 21, 2014. The injured worker was diagnosed as having derangement of the left knee, anterior cruciate ligament in the left knee, grade 3 medial collateral ligament tear of the left knee, and gastritis not otherwise specified. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, use of a brace, use of a transcutaneous electrical nerve stimulation unit, and magnetic resonance imaging to the left knee. In a progress note dated September 10, 2015, the treating physician reports no changes in the injured worker's symptoms. Examination performed on September 10, 2015 was revealing for decreased range of motion to the left knee. The injured worker's medication regimen on September 10, 2015 included Lidopro Cream (since at least March 21, 2015), but did not indicate the injured worker's numeric pain level prior to the use of his medication regimen and after the use of his medication regimen to determine the effects with the use of his medication regimen. In the progress note from August 03, 2015, the treating physician reported complaints of continued pain to the left knee, sleep disturbances, and a burning sensation and pain to the right lower abdomen. The examination performed on August 03, 2015 was revealing for an antalgic gait, decreased range of motion to the left knee, positive anterior drawer testing to the left side, and tenderness to the right mid abdomen with negative rebound tenderness. The injured worker's pain level on August 03, 2015 was rated a 9 and noted the injured worker's medication regimen to include Norco (prescribed since at least July 06, 2015), but the progress note did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate

the effects with the use of the injured worker's medication regimen. Also, the progress note did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On September 10, 2015 the treating physician requested the medication Norco 5-325mg with a quantity of 60 (1 tablet by mouth twice a day for a 30 day supply) noting prior use of this medication. On September 30, 2015 the Utilization Review determined the request for Norco 5-325mg with a quantity of 60 (1 tablet by mouth twice a day for a 30 day supply) to be non-certified.

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

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

**Norco 5/325mg #60 (1 tab po bid 30 day supply): 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, specific drug list, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/3/15. Therefore, the request is not medically necessary and the determination is for non-certification.