

<b>Case Number:</b>	CM15-0207995		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	02/07/2000
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/15/2015
<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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 02-07-2000. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, right knee pain, lumbar degenerative disc disease, insomnia and depression. Medical records (04-08-2015 to 09-28-2015) indicate ongoing low back pain and knee pain. Pain levels were rated 3-6 out of 10 in severity on a visual analog scale (VAS) with medications, and 7 out of 10 without medications. Records also indicate no changes in activities of daily living or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-28-2015, revealed tenderness to the lateral lumbar area when leaning forward, tenderness to palpation of the lumbar midline, paraspinal area and lateral lumbar, pain with lateral bending and flexion, tenderness to the bilateral facet joints, increased pain with side-to-side movement, medial tenderness in the right knee joint, pain and weakness with right knee movement, and weakness with right knee extension. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (Norco since 05-2015). The treating physician indicates that a Pain contract is on file and urine drug testing has been completed. The request for authorization (09-28-2015) shows that the following medication was requested: Norco 10-325mg #180. The original utilization review (10-15-2015) non-certified the request for Norco 10-325mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** 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 for chronic pain.

**Decision rationale:** It is noted that with the Norco, the pain drops subjectively by about 4 VAS points. Objective functional improvement out of the Norco It usage is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review.