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| <b>Case Number:</b>   | CM15-0208258 |                              |            |
| <b>Date Assigned:</b> | 10/27/2015   | <b>Date of Injury:</b>       | 07/14/2012 |
| <b>Decision Date:</b> | 12/15/2015   | <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: Texas, California

Certification(s)/Specialty: 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:

This is a 57 year old female patient, who sustained an industrial injury on 7-14-2012. The patient was being treated for hand and knee pain. She sustained the injury due to a fall while getting off the bus. Per the doctor's note dated 7-7-2015 and 8-18-2015 the patient reported ongoing left hand and bilateral knee pain. She reported she can walk up to 2 blocks, sit for 30 minutes at a time, and stand for 10 minutes at a time. The treating physician noted, "her activity level has remained the same", but was otherwise not specific. The medical records show the subjective pain rating from 7 out of 10 with medications and 10 out of 10 without medication on 7-7-2015. The medical records show the subjective pain rating from 7 out of 10 with medications and 8 out of 10 without medication on 8-18-2015. Per the doctor's note dated 9-17-2015, the patient reported ongoing left hand and bilateral knee pain. She reported she can walk up to 2 blocks, sit for 30 minutes at a time, and stand for 10 minutes at a time. The treating physician noted, "her activity level has decreased", but was otherwise not specific. The medical records show the subjective pain rating from 2 out of 10 with medications and 10 out of 10 without medication on 9-17-2015. The physical exam dated 7-7-2015, 8-18-2015, and 9-17-2015 revealed the ability to make a left fist, full flexion and extension of the finger joints, and tenderness to palpation over the left trigger finger release sites of the 2nd and 3rd digits. The treating physician noted restricted flexion of the knees, tenderness to palpation over the bilateral knee medial joint lines, and mild effusion in the bilateral knee joints. The medications list includes norco, gabapentin, pennsaid 2% solution, aspirin, biotin, lisinopril, simvastatin, metformin and multivitamin. The urine drug screen dated 7-7-2015, indicated negative results for Hydrocodone and Norhydrocodone. The treating physician noted that the patient reported she had not taken her Norco for several days due to a skin issue and it would not show up in her

urine. Per the treating physician notes dated 9-17-2015, Controlled Substance Utilization Review and Evaluation System (CURES) reports dated 5-8-2015 and 6-8-2015 were appropriate. Surgeries to date have included a left hand 3rd and 4th finger release in 1-2015. Treatment has included physical therapy, a home exercise program, a walking boot, a cane, and medications including oral pain (Norco since at least 4-2015), topical pain (Pennsaid 2%), and anti-epilepsy (Gabapentin). The requested treatments included Norco 10-325mg. On 9-30-2015, the original utilization review non-certified a request for Norco 10-325mg.

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

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

**Norco 10/325mg #60:** Upheld

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

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

**Decision rationale:** Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to a lower potency opioid like Tramadol for chronic pain is not specified in the records provided. The last urine drug screen dated 7-7-2015, indicated negative results for Hydrocodone and Norhydrocodone. The treating physician noted that the patient reported she had not taken her Norco for several days due to a skin issue and it would not show up in her urine. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. Norco 10/325mg #60 is not medically necessary for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.