

<b>Case Number:</b>	CM15-0220474		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	09/09/2008
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: New Jersey, New York  
 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:

The injured worker is a 50-year-old female, with a reported date of injury of 07-09-2008. The diagnoses include lumbar degenerative disc disease, lumbar radiculitis, lumbar radiculopathy, myalgia and myositis, ankle and foot osteoarthritis, status post right total knee arthroplasty, and status post bilateral Achilles tendon surgeries with some residual pain and restriction of function. The medical records dated 09-08-2015 indicates that the injured worker continued to take Norco, MS Contin, and Celebrex which decreased her pain by 40-50% and allowed her to walk up to 20 minutes at a time, perform self-care, light housekeeping, and cooking. The injured worker had neck pain, bilateral arm pain, back pain, bilateral let pain, and bilateral feet pain. The injured worker rated her pain 6 out of 10; and 6 out of 10 over the last week. Her pain was associated with numbness and tingling in the ankles and right knee. It was noted that an MRI of the lumbar spine on 05-23-2011 showed L5-S1 moderate degenerative disc disease with disc bulge into the lateral recess without nerve impingement and moderate facet arthrosis, and mild facet arthrosis at L3-4 and L4-5. The objective findings include no acute distress; increased pain with cervical flexion and extension; negative Spurling's maneuver; increased pain with lumbar flexion and extension; negative bilateral seated straight leg raise; tenderness in the lumbosacral area; and a non-antalgic gait with the ability to heel and toe walk. The treating physician noted that the injured worker was doing well with the current medications and was compliant with no aberrant behavior. The medical report dated 10-19-2015 indicates that the injured worker returned for follow-up on her industrial injury to her knees, ankles, and compensable consequence rectocele.

She stated that her left knee was still fairly painful; both Achilles tendon regions continued to be painful; and the right Achilles tendon repair site remained painful. The physical examination showed full extension and flexion about 130 degrees; contralateral knee had a 5 degree flexion contracture and flexion about 110 to 120 degrees with pain on extremes of motion; and restricted motion of both ankles and tenderness over the surgical sites with intact pulses, sensation, and motor. The diagnostic studies to date have not been included in the medical records. Treatments and evaluation to date have included MS Contin, Norco (for more than seven years), Voltaren 1% gel, and right total knee replacement on 04-09-2015. The request for authorization was dated 10-19-2015. The treating physician requested Norco 10-325mg #120. On 10-26-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #120.

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

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation ACOEM's Occupational Medicine Practice Guidelines, Second Edition, Chapter 6, Pain, Suffering, and the Restoration of Function Principles of Pain Management; Official Disability Guidelines (ODG), Pain (Chronic), Hydrocodone/Acetaminophen; Opioids.

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

**Decision rationale:** The request is considered medically necessary. The four A's of opioid monitoring were adequately documented. Her pain was decreased to 4/10 with Norco and she was able to perform her activities of daily living. She has appropriate urine drug screens and shows no evidence of drug seeking behavior. She does not have documented side effects. She does suffer from rectal prolapse but in her review of systems, the patient denied constipation. Because of these reasons, the request for continued Norco use is considered medically necessary at this time.