

<b>Case Number:</b>	CM15-0036333		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 52 year old female who sustained an industrial injury on 08/31/1999. She has reported chronic intermittent right leg pain. Diagnoses include right knee osteoarthritis and chronic right leg pain. Treatment to date includes rest and medications, activity modifications, exercises, ice, and four knee surgeries cumulating in a partial knee replacement surgery in 2009. She also has had injections and physical therapy. A progress note from the treating provider dated 02/05/2015 indicates the worker has pain in the right knee that is aching and burning and rated a 5-7 on a scale of 10 on average being a 7 with medications and a 9-10/10 without medication. Treatment plans include medication refills of Norco, and follow-up evaluation in one month. The IW was advised to restrict use of Norco to an as-needed basis only, remain active, and do daily exercises. On 02/12/2015 Utilization Review non-certified a request for 165 tablets of Norco 10-325mg. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**165 tablets of Norco 10-325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** 165 tablets of Norco 10-325mg is not medically necessary per the MTUS Guidelines. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation does not clearly indicate monitoring of the 4 A's as recommended by the MTUS. There is no clear evidence of functional improvement. The request for Norco is not medically necessary.