

<b>Case Number:</b>	CM15-0036418		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Internal Medicine, Rheumatology

### 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 69-year-old male sustained a work related injury on 06/01/2004. According to a progress report dated 02/04/2015, the injured worker complained of pain in the lower back with radicular symptoms into the right and left leg and pain in the left hip when walking. Pain was not rated on a scale of 1-10. Diagnoses included herniated lumbar disc with radiculitis/radiculopathy, right knee internal derangement, status post right knee arthroscopic surgery, left knee, mild ligamentous strain internal derangement, symptoms of anxiety and depression and symptoms of insomnia. Treatment plan included Norco 10/325mg #120, one every 4-6 hours for severe pain, Oxycontin 60mg tablets #90 one every 8 hours for severe pain and Neurontin 800mg #90 one daily for nerve pain. According to the provider, a urine drug test was obtained. Work status was permanent partial disability. The injured worker had previously been declared permanent and stationary. The urine drug test collected on 02/04/2015 was submitted for review. Oxycodone, hydrocodone and Lorazepam were detected. On 02/09/2015, Utilization Review modified Norco 10/325mg #120. According to the Utilization Review physician, there was lack of documentation of analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. There was lack of documentation of functional gain achieved with the said medication. There was lack of documentation of a pain management contract and agreement. There was lack of documentation of the injured worker being weaned from the medication as recommended by the guidelines. CA MTUS Chronic Pain Medical Treatment Guidelines pages 75, 78 were referenced. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 69 year old male has complained of lower back pain and right knee pain since date of injury 6/1/04. He has been treated with steroid injection, right knee arthroscopic surgery, physical therapy and medications to include opioids since at least 10/2008. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.