

<b>Case Number:</b>	CM15-0056311		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/31/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39-year-old male, who sustained an industrial injury on 8/31/2010. The current diagnoses are internal derangement of the right/left knee, status post arthroscopic meniscectomy X 2, impingement syndrome of the right shoulder, status post decompression, and musculoligamentous sprain/strain of the lumbar spine. According to the progress report dated 2/11/2015, the injured worker complains of pain in the lower back, bilateral knees, and right shoulder. The pain is rated 8/10 on a subjective pain scale. The current medications are Norco, Motrin, and Zantac. Treatment to date has included medication management, MRI, physical therapy, electrodiagnostic studies, and surgical intervention. Per notes, Synvisc injection to the left knee was performed on 2/25/2015. The plan of care includes Norco, Motrin, and Zantac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, Medications for chronic pain Page(s): 76-78, 88-89, 60.

**Decision rationale:** According to the 02/11/2015 report, this patient presents with "lower back pain bilateral knee pain and right shoulder pain." The current request is for Norco 5/325mg #30. This medication was first mentioned in the 06/04/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is on 02/10/2015. The patient's disability status is TTD. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per the 02/11/2015 report, the treating physician states that the patient "still has the same difficulties with ADL. He is not able to sit or stand for long periods of time. He is not able to lift anything heavy." The 01/07/2015 report indicates patient's pain is an 8/10 without medication and a 4/10 with medications. The patient "report improved functionality with the current medication." In this case, the reports show documentation of pain assessment using a numerical scale describing the patient's pain. ADL's are discussed as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function, which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues were mentioned. The treating physician has failed to clearly document analgesia, ADL's, adverse effects and adverse behavior as required by MTUS. The request is not medically necessary.