

<b>Case Number:</b>	CM15-0059720		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/05/2006
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Arizona, 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 31 year old woman sustained an industrial injury on 5/5/2006 following a slip and fall accident due to a wet floor. Diagnoses include bilateral knee pain, low back pain, and chronic pain syndrome. Treatment has included oral medications, surgical intervention, psychiatric treatment, injections, and weight loss program. Physician notes dated 2/4/2015 show complaints of bilateral knee and lumbar spine pain that radiates down toes rated 6.5/10. Recommendations include Norco, MS Contin, Lyrica, and follow up in six to seven weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids with Hydrcodone for over 8 years. In addition, the combined use of Morphine and Norco exceeds the 120 mg daily morphine equivalent recommended. The continued use of Norco is not medically necessary.

**MS contin 60mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Morphine is not considered 1st line for lumbar root pain or knee pain. The claimant had been on opioids for over 9 years which can lead to addiction and tolerance. In addition, the claimant had been on a morphine equivalent that exceeded the 120 mg Morphine recommended by the guidelines. Continued use as prescribe above is not medically necessary.