

<b>Case Number:</b>	CM15-0080605		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	04/19/2007
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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:

This 42-year-old male sustained an industrial injury to the left knee on 4/19/07. Recent treatment included medications. In a PR-2 dated 2/26/15, the injured worker complained of intermittent knee pain and swelling. The injured worker reported that once it was so swollen that he had to take several days off work. The swelling abated with ice, rest and medications. The injured worker was requesting medication refills. The injured worker's last office visit was 6/5/14. Current diagnoses included chronic knee pain. The treatment plan included medication refills (Naprosyn, Omeprazole and Norco), laboratory studies and follow up in six months. The physician noted that the prescription for Norco typically lasted for six months because the injured worker used it only for break through pain. The physician stated that short prescriptions necessitated more office visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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 non adherent) 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.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for several months without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg #120 is not medically necessary.

**Labs: CBC, UA, hepatic, and chem 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Carobene, A., et al. (2013). "A systematic review of data on biological variation for alanine aminotransferase, aspartate aminotransferase and gamma-glutamyl transferase." Clin Chem Lab Med 51(10): 1997-2007 Wolverson, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." Dermatol Clin 25(2): 195-205, vi-ii. A systematic review of data on biological variation for alanine aminotransferase, aspartate aminotransferase and gamma-glutamyl transferase." Clin Chem Lab Med 51(10): 1997- 2007 Wolverson, S. E. and K. Remlinger (2007). "Suggested guidelines for patient monitoring: hepatic and hematologic toxicity attributable to systemic dermatologic drugs." Dermatol Clin 25(2): 195-205, vi-ii.

**Decision rationale:** MTUS and ODG guidelines are silent regarding the indication of CBC, UA, liver function testing and chem. CBC with diff can be used to monitor a systemic infection, immune deficit, anemia, abnormal platelets level and other hematological abnormalities. Liver function is indicated in case of suspicion or previous documentation of liver dysfunction. Chem 8 is indicated in case of renal dysfunction. There is no documentation of renal, liver, hematological dysfunction. There is no clear documentation of a rational behind ordering this test. Therefore, the request for Labs: CBC, UA, hepatic, and chem 8 is not medically necessary.

