

<b>Case Number:</b>	CM14-0116979		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 54 year old male who sustained a work injury on 9-26-06. The claimant is status post left knee arthroscopy and meniscectomy performed on 2-26-07, status post repeat left knee arthroscopy with partial medial meniscectomy on 9-1-09. Office visit on 6-3-14 notes the claimant reports increased pain since last visit. He reports low back ache, left upper extremity pain, right elbow pain and bilateral hip pain. The claimant reports his pain is 8/10 with impotence, numbness and wekaenss. He states his constipation is worse due to his medications not being approved. He had a TENS unit but lost it. On exam, the claimant has restricted lumbar range of motion loss. Tenderness over the sacroiliac spine. SLR is positive on the left. Exam of the left hip shows tenderness over the sacroiliac joint. Exam of the elf hip shows restricted range of motion, tenderness to palpation over the lateral joint line, medial joint line, patella and TTP posteriorly.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg twice daily #60 with 1 refill for the purpose of weaning to discontinue over a weaning period od 2-3 months:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioidsweaning of medications Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - opioids

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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). This claimant shows no improvement with Norco. He continues with high levels of pain. There is an absence in documentation noting that the claimant has functional improvement with this medication. Chronic Pain Medical Treatment Guidelines notes that for Opioids: For opioids a slow taper is recommended. The longer the patient has taken opioids, the more difficult they are to taper. The process is more complicated with medical comorbidity, older age, female gender, and the use of multiple agents. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. (Benzon, 2005) Patients with complex conditions with multiple comorbidities (including psych disorders) should be referred to an addiction medicine/psychiatry specialist. Opioid weaning should include the following: (a) Start with a complete evaluation of treatment, comorbidity, psychological condition; (b) Clear written instructions should be given to the patient and family; (c) If the patient can not tolerate the taper, refer to an expert (pain specialist, substance abuse specialist); (d) Taper by 20 to 50% per week of original dose for patients who are not addicted (the patient needs 20% of the previous day's dose to prevent withdrawal); (e) A slower suggested taper is 10% every 2 to 4 weeks, slowing to a reductions of 5% once a dose of 1/3 of the initial dose is reached; (f) Greater success may occur when the patient is switched to longer-acting opioids and then tapered. Therefore, weaning the claimant off this medication is indicated. The request is medically necessary.