

<b>Case Number:</b>	CM14-0138915		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/01/2000
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 59-year-old female who reported injury on 11/01/2000. Mechanism of injury was not submitted for review. The injured worker has a diagnosis of chronic pain syndrome, left knee pain, back pain of the lumbar spine, anxiety, and depression. Past medical treatment consists of chiropractic therapy, physical therapy, and medication therapy. Medications include Topical gel, Norco, Lidoderm patches, Levothyroid, Fenofibrate, Metformin, Allopurinol, Lisinopril, Furosemide, Triamterene, and Albuterol Sulfate. There were no drug screens or urinalysis studies submitted for review. On 09/02/2014, the injured worker complained of left knee pain. It was noted in the documentation that within the last month with medications, the injured worker had least pain 5/10, the average pain was 7/10, and the worst pain was 8/10, with 1 being the least pain and 10 being the worst pain. In the last month without medications, the injured worker had least pain of 6/10, average pain of 7/10, and the worst pain was 8/10, with 1 being the least pain and 10 being the worst pain. The injured worker denied any bloody or black stool, nausea, vomiting, abdominal pain, and/or constipation. Physical examination revealed no deformity or scoliosis noted with slouched posture. The injured worker had an antalgic gait using 2 broken crutches with tennis balls for assisting with ambulation. The submitted documentation lacked any range of motion, motor strength, or sensory deficits the injured worker might have had. The treatment plan is for the injured worker to continue the use of Norco 10/325 mg, 1 tablet by mouth every 4 hours, no more than 6 per day. The rationale was not submitted for review. The Request for Authorization form was submitted on 09/02/2014.

### 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 (Specific Drug List).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

**Decision rationale:** The request for Norco 10/325mg, 1 tab by mouth (p.o) every 4 hours (q4h) no more than 6 per day (max 6/day), #180 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that the usual dose is 5/500 mg, 1 to 2 tablets by mouth every 4 to 6 hours as needed for pain, with a max of 8 tablets per day. Guidelines also state that prescriptions should be from a single practitioner taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. The MTUS also states that there should be an 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, and 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. The use of drug screen or inpatient treatment with issues of abuse, addiction, or poor pain controlled is recommended. The submitted documentation did note that there were no side effects with the reported medication. There was no evidence that the Norco was helping with any functional deficits the injured worker had. The efficacy of the medication was also not documented in the report. As it was mentioned in the submitted report that the injured worker had a pain rate of 5/10 with medication and 6/10 without, it did not specify what medication relieved the pain. It was unclear whether the pain was reduced by Norco or another prescribed medication. Additionally, guidelines recommend the use of drug screens. There were none submitted for review indicating that the injured worker was in compliance with the MTUS Guidelines. Additionally, guidelines recommend that the prescription be at its lowest dose, which is 5/500 mg, the request as submitted is for 10/325 mg, exceeding the recommended guidelines for its lowest dose. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.