

<b>Case Number:</b>	CM14-0148130		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/18/2002
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 52-year-old male who reported an injury on 09/18/2002. The mechanism of injury occurred while cleaning when he bent over and kneeled with his right knee onto a metal object. Diagnoses included pain in the thoracic spine, knee, and low back, carpal tunnel syndrome, and lateral epicondylitis. Past treatments included epidural steroid injection, viscosupplementation, physical therapy, braces for the bilateral knees and elbows, and medications. Diagnostic studies included an official urine drug screen on 07/10/2014 with results consistent with prescribed medications. An unofficial MRI of the lumbar spine, dated 08/2012, reportedly indicated findings of renal cortical cysts on the kidneys. Surgical history included a right total knee arthroplasty. The clinical note dated 09/04/2014 indicated the injured worker complained of back pain radiating to the bilateral lower extremities, and pain in the bilateral elbows and knees. Pain was rated 2/10 with medications, and 6/10 without medications. The physical exam revealed decreased range of motion of the spine, positive Hawkins to the right shoulder, positive Tinel's to the bilateral elbows, and decreased range of motion and joint line tenderness to the bilateral knees. Current medications included Cymbalta 60 mg, Norco 10/325 mg, Neurontin 600 mg, Amitriptyline 25 mg, Bupropion 150 mg, Meloxicam 15 mg, and Famotidine 40 mg. The treatment plan included Norco 10/325 mg #120 and 1 lab Hepatic Function Panel. The rationale for Norco was pain control. The rationale for the hepatic function panel was to evaluate for end organ damage secondary to chronic medication use. The Request for Authorization form for Norco was completed on 09/18/2014. The Request for Authorization form for hepatic function panel was not provided.

### 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 Hydrocodone/Acetaminophen (Norco).

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

**Decision rationale:** The request for Norco 10/325mg #120 is not medically necessary. The California MTUS Guidelines indicate that 4 domains have been proposed as most relevant for ongoing monitoring or chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes over time should effect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The injured worker complained of back pain radiating to the bilateral lower extremities, as well as bilateral elbow and knee pain. He rated the pain 2/10 with medications and 6/10 without medications. The injured worker had been taking the requested medication since at least 08/2012. While the documentation provided indicates quantified pain relief while taking the medication, there is a lack of evidence of functional improvement. Additionally, the request does not indicate the frequency for taking the medication. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

**One lab, Hepatic Function Panel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The request for one lab, Hepatic Functional Panel is not medically necessary. The California MTUS Guidelines indicate that routine suggested monitoring for patients on NSAIDs include periodic lab monitoring of a CBC and chemistry profile (including liver and renal function test). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The injured worker complained of back pain radiating to the bilateral lower extremities, as well as bilateral elbow and knee pain. The injured worker had been taking meloxicam since at least 08/2012. An unofficial MRI of the lumbar spine dated 08/2012 reportedly revealed findings of renal cortical cysts on the kidneys. There is a lack of evidence of a chemistry profile 4 to 8 weeks after the start of Meloxicam; without this initial lab work, current findings of hepatic function would not allow for comparison. Additionally, there is no evidence to indicate that the renal cortical cysts noted on the lumbar MRI in 08/2012 were secondary to chronic medication use. Therefore, the request for one lab, Hepatic Functional Panel is not medically necessary.

