

<b>Case Number:</b>	CM14-0165779		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/01/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Connecticut. 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:

After careful review of the medical records, this is a 65 year old male with complaints of low back pain, left knee pain, and right hip pain. The date of injury is 1/1/08 and the mechanism of injury is twisting injury. At the time of request for Norco 10/325 #150 and Relafen 500mg, there is subjective (low back pain, knee and hip pain) and objective (decreased range of motion left knee with crepitus, decreased range of motion and tenderness lumbar spine, antalgic gait) findings, imaging findings (no reports submitted), diagnoses (tri-compartment osteoarthritis left knee s/p left total knee replacement, DJD hip, lumbar disc displacement) and treatment to date (surgery, physical therapy, medications, cognitive behavioral therapy). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information (there is one documented drug test but no interpretation or mention of review by the treating physician in any of the progress notes), the request for Norco 10/325 #150 is not medically necessary.

**Relafen 500mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-73.

**Decision rationale:** Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of pharmacologic therapy in the medical records provided (actually the only documentation is a box that is checked off "not working"). Therefore, Relafen 500mg #60 is not medically necessary.