

<b>Case Number:</b>	CM14-0210134		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 patient is a 54 year old male with an injury date on 9/26/06. The patient complains of worsening low lumbar pain and bilateral knee pain rated 5/10 with medications, and 8/10 without medications per 11/4/14 report. The patient's Ambien was denied, and he has been unable to sleep at night per 11/4/14 report. The patient also misplaced his TENS unit which had been helpful in reducing his lower back pain from 8/10 to 6/10, and also increased his walking and sitting tolerance with daily use per 8/12/14 report. Based on the 11/4/14 progress report provided by the treating physician, the diagnosis is knee pain. A physical exam on 11/4/14 showed "L-spine range of motion is limited with extension limited to 15 degrees. Straight leg raise is positive. Range of motion of left knee is limited with difficulty in extension." The patient's treatment history includes medications, MRI L-spine, EMG/NCV of lower extremities, X-ray of left hip, transportation to and from office visits, TENS unit, aquatherapy for lower back (good effect). The treating physician is requesting norco 10/325mg #60 (MFB 20). The utilization review determination being challenged is dated 11/19/14. The requesting physician provided treatment reports from 5/29/14 to 11/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 (MED 20): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; Criteria For Use Of Opioids Page(s): 60-61, 76-78, 88-89.

**Decision rationale:** This patient presents with lower back pain, and bilateral knee pain. The treater has asked for NORCO 10/325MG #60 (MFB 20) on 11/4/14. Patient has been taking Norco since 5/20/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Norco, stating "able to perform activities of daily living with aid of pain meds" per 11/4/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. The patient was on modified duty per 8/12/14 report, but as of 11/4/14, the patient is not working as his work could not accommodate his work modifications. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.