

<b>Case Number:</b>	CM14-0217700		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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 & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

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

This is a 59 year old male with a work related injury dated 12/03/2009 due to repetitive movement from picking off and loading according to the Utilization Review report. According to a primary physician's progress report dated 12/02/2014, the injured worker presented with complaints of left knee, right wrist, center posterior neck, lower back, right shoulder, left shoulder, and right knee pain. Diagnoses included multiple cervical herniated disc, thoracalgia, multiple lumbar herniated disc, probably post traumatic hypertension, bilateral shoulder tenosynovitis, failed postoperative left knee surgery, post traumatic anxiety and depression, and probable post traumatic insomnia. Noted treatments have consisted of status post surgery for total knee replacement, psychotherapy, and medications. Diagnostic testing included MRI of right shoulder on 11/04/2014 which indicated rotator cuff tearing, labral tearing, and rotator cuff tendinosis and MRI on 09/04/2010 indicated multiple and severe lumbar disc herniations. Work status is noted as total temporary disability. On 12/22/2014, Utilization Review modified the request for Norco 7.5mg/325mg #30 to Norco 7.5mg/325mg #15 for weaning citing California Medical Treatment Utilization Schedule Chronic Pain Guidelines. The Utilization Review physician stated there is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug abuse behavior, and side effects. There is no information on treatment history and length of time the injured worker has been prescribed Norco. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Criteria Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. No urine drug screen results were submitted. There was no clear documentation of functional benefit from opioid medication, including in a recent note from 12/2/14. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.