

<b>Case Number:</b>	CM15-0001701		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 male who sustained an industrial related injury on 8/25/09. A physician's report dated 8/26/14 noted the injured worker had complaints of bilateral knee pain, bilateral shoulder pain, and low back pain. The injured worker was taking Norco and Neurontin. The injured worker was attending physical therapy. Diagnoses included bilateral knee sprain with degenerative joint disease status post bilateral total knee arthroscopy with delayed recovery in the left knee, lumbar strain with chronic low back pain, and bilateral should sprain with frozen shoulder. The physician noted the injured worker was taking 8 norco per day for pain control. On 1/5/15 the treating physician requested authorization for norco 10/325mg #240. On 12/25/14 the request for norco 10/325mg #240 was modified to norco 10/325mg #96. The utilization review physician cited the Chronic Pain Medical Treatment Guidelines and noted there had been no documentation of adequate pain relief or functional improvement with the use of norco. Furthermore the injured worker stated that he had not had good analgesic results with this medical use. Therefore the request was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates  
Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #240 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are bilateral shoulder sprain; bilateral knee strain; and lumbar strain. Subjectively, the worker has ongoing complaints of pain to his shoulder, low back and bilateral knees the injured worker status post TKA of the bilateral knees (date unknown). The pain VAS scale before meds is 8/10 and 3- 4/10 after medicines. Objectively, the vital signs are stable, extremities showed no cyanosis clubbing or edema, and the back shows peri-lumbar tenderness. The documentation indicates there has been no change in the amount of Norco the injured worker takes on a daily basis in greater than four years. There is no evidence of objective functional improvement as it relates to ongoing, chronic nor co-use. Additionally, there are no detailed pain assessments or risk assessments in the medical record. There is no documentation of an attempt to titrate Norco. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norco, Norco 10/325 mg #240 is not medically necessary.