

<b>Case Number:</b>	CM15-0013763		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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

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:

The injured worker is a 61 year old female who sustained an industrial injury on 10/22/12. The injured worker reported symptoms in the left knee. The diagnoses included status post left total knee replacement, and left foot drop status post left total knee replacement, resolving. Treatments to date include status post left total knee replacement and oral pain medications. In a progress note dated 1/9/15 the treating provider reports the injured worker was with left knee pain rated at "9 out of 10 throbbing, numbness and tingling trace knee effusion". On 1/12/15 Utilization Review non-certified the request for Norco 5/325mg quantity of 90 modified to Norco 5/325mg quantity of 60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** 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 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 documentation available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The follow up note on 1/9/15 documented the patient was taking 4-6 Norco per day, but there was not functional benefit attributed directly to opioid medication. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, aberrant behaviors were not discussed or monitored for. 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.