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| <b>Case Number:</b>   | CM15-0019516 |                              |            |
| <b>Date Assigned:</b> | 02/09/2015   | <b>Date of Injury:</b>       | 01/08/2007 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/02/2015 |

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 55 year old male sustained a work related injury on 01/08/2007. According to a progress report dated 01/08/2015, the injured worker reported ongoing right-sided back, hip and knee pain. He used a cane for ambulation. Pain was rated 9 on a scale of 1-10; at best a 4 with his medications and a 10 without them. He reported 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications. Impression included history of right knee arthroscopy for medial meniscal tear with ongoing knee pain with severe degenerative joint disease in the medial compartment, lower back pain with lumbar sprain/strain, MRI revealing T12 compression fracture with ongoing radicular symptoms right leg, right hip pain with dislocation due to traumatic injury with traumatic arthritis in the hip, history of industrial onset of depression; stable per patient, nonindustrial mild renal insufficiency in the past; currently stable and history of diabetes and hyperlipidemia nonindustrial. Prescriptions included Norco as needed for severe pain, Mobic daily for inflammation and Omeprazole for dyspepsia. The injured worker was under a narcotic contract and urine drug screens had been appropriate. On 01/22/2015, Utilization Review modified one prescription of Norco 10/325mg #60. According to the Utilization Review physician, there was a lack of demonstrable and quantified evidence of meaningful functional benefit as a result of long term use. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The 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:

**One prescription of Norco 10/325 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Ongoing Management, Opioids, specific d.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for from 2012 to June 2014. After whichi the claimant had been on Tramadol with NSAID. No one opioid is superior to another. Long-term opioid use is not recommended. without significant improvement in pain or function. Contribution to pain control from NSAID vs opioid cannot be determined. There is no indication of Tylenol failure. The continued use of Norco is not medically necessary.