

<b>Case Number:</b>	CM15-0117642		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	07/28/2004
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 55 year old male who sustained an industrial injury on 07/28/2004 when he was hit by a fork-lift and resulting in pain/injury to the right knee, right shoulder, neck and low back. Treatment provided to date has included: multiple right knee surgeries with a right knee total replacement (2009) resulting in overall improvement; right shoulder surgery (2005); physical therapy; chiropractic manipulation; injections, medications, and conservative therapies/care. There were no reports of diagnostic testing within the past 5 years. Comorbidities included borderline hypertension and kidney stones. There were no other dates of injury noted. On 05/22/2015, physician progress report noted complaints of right knee pain, right foot pain, increased low back pain since 03/10/2015 with radiating pain into the lower extremities, neck pain, right shoulder pain, depression due to continued pain, erectile dysfunction and loss of libido due to pain, increased left knee pain due to compensable consequences from the right knee. The pain severity ratings with the use of medications were noted as: right shoulder and neck pain 2-3/10; right knee discomfort 3/10; and lumbar spine pain 3-4/10. Without medications, the injured worker rated his pain as 6/10 in previous exams. There were noted slight decreases in the injured worker's previous pain ratings as the pain medications were being weaned. Additional complaints included increased muscle spasms due to the denial of Soma which was helpful in relieving muscle spasms. Current medications include Norco, ibuprofen, Soma, and omeprazole. The physical exam revealed a slight limp due to the left knee, tenderness to palpation of the acromioclavicular and subacromial regions of the right shoulder, positive impingement sign in the right shoulder, restricted range of motion (ROM) in the right shoulder,

slight swelling and puffiness to the right knee, tenderness over the peri-patellar area of the left knee with mild swelling, restricted ROM in the bilateral knees (right greater than left), slight lumbar muscle spasms (left greater than right), restricted ROM in the lumbar spine, positive straight leg raise on the left, tenderness to palpation of the posterior paracervical muscles with mild spasms, and restricted ROM in the cervical spine. The provider noted diagnoses of right shoulder impingement - status post right shoulder surgery on 02/18/2015; right knee strain with anterior cruciate ligament (ACL) tear and abnormal MRI - status post right total knee replacement on 06/23/2009; lumbar strain with left lumbar radiculopathy and abnormal MRI with neurosurgical consultation (surgery is not indicated until the injured worker reduces his weight); right foot pain - status post drainage of ganglion cyst with residual swelling/pain in the dorsum of the foot; cervical strain; and secondary depression and insomnia due to chronic pain. Plan of care includes continued Norco 10/325mg, one tablet every 6 hours as needed for pain control, #120 per month; continued ibuprofen 800mg, 3 times per day as needed, #90; continued Soma 350mg every 12 hours as needed for muscle spasms, #60; continued omeprazole capsule 20mg, 1-2 by mouth daily, #60; continued use of ice for pain and inflammation; and follow-up in one month. The injured worker's work status remained permanent and stationary. The request for authorization and IMR (independent medical review) includes: Norco 10/325mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** CA MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The MTUS also recommends the discontinuation of Norco (an opioid) when there is no overall improvement in function, unless there are extenuating circumstances. Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. The treating physician does not document: 1) the least reported pain over the period since last assessment; 2) average pain; 3) how long it takes for pain relief; 4) how long pain relief lasts; 5) or improvement in function. In addition, there have been continued slight decreases in overall pain with the weaning of Norco, but no overall measurable improvement in function while taking this medication over the last 6 months. As such, Norco 10/325mg #120 is not medically necessary.