

<b>Case Number:</b>	CM15-0126115		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	11/09/1993
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Pediatrics, 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 67 year old female, who sustained an industrial injury on November 9, 1993. She reported bilateral hands, low back, right knee and left ankle pain. The injured worker was diagnosed as having transient arthropathy of the ankle and foot and status post right knee surgery in 2011. Treatment to date has included diagnostic studies, surgical intervention of the right knee, right knee support brace, conservative care, medications and work restrictions. Currently, the injured worker complains of continued neck pain, bilateral hand pain with numbness, low back pain, knee pain and left ankle pain with associated depression. The injured worker reported an industrial injury in 1993, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 25, 2015, revealed lumbar pain rated at 2-3/10 on a 1-10 scale with 10 being the worst, ankle pain rated at 4-5 on a 1-10 scale and hand and wrist pain at a 4 on a 1-10 scale with 10 being the worst. Evaluation on April 2, 2015, revealed continued pain as noted. She reported a good response to pain medications. She rated her hand and wrist pain at a 4, back pain at a 2 and knee pain at a 3 on a 1-10 scale with 10 being the worst. She noted the severity of the knee condition was increasing over time. It was reported urinary drug screen on March 9, 2015, revealed findings consistent with expectations. It was noted there was no aberrant drug behavior and she was on the lowest effective dose of the medications. It was noted a weaning attempt caused increased pain and suffering and decreased functional capacity. Norco 5/325 #60 was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Overturned

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

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

**Decision rationale:** According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication decreased the level of pain the injured worker reported. There was improved pain from one visit to the next. It was noted she was on the lowest effective dose and had failed weaning previously. The request for Norco 5/325 #90 is medically necessary.