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| <b>Case Number:</b>   | CM15-0126302 |                              |            |
| <b>Date Assigned:</b> | 07/13/2015   | <b>Date of Injury:</b>       | 09/27/2008 |
| <b>Decision Date:</b> | 09/18/2015   | <b>UR Denial Date:</b>       | 06/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/01/2015 |

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old male who sustained an industrial injury on 9/27/08. The injured worker was diagnosed as having lumbago, status post left total knee arthroplasty, compartment syndrome left leg status post release and chronic cellulitis left leg. Currently, the injured worker was with complaints of back pain and left leg pain with left leg swelling and erythema. Previous treatments included status post total knee replacement (2010), compression stockings, hyperbaric oxygen, home exercise program, oral opioids and the use of a walker. Previous diagnostic studies included lower extremity duplex scan, radiographic studies and a magnetic resonance imaging. The injured work status was noted as with permanent work restrictions. The injured workers pain level was not documented in the 6/4/15 progress note. Physical examination was notable for tenderness to the lumbosacral junction, decreased range of motion secondary to low back pain, left dropped foot with ability to bear weight, left knee with pitting edema, left lower extremity erythematous and sensitive to touch, evidence of chronic cellulitis, induration in the soft tissues with hyperpigmentation in the area. The plan of care was for Norco 5/325 milligrams quantity of 120; 1 Tablet every four hours as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120 1 Tab Q 4 hrs prn #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured 7 years ago in 2008. The diagnoses were lumbago, post left total knee arthroplasty, compartment syndrome of the left leg status post release and chronic cellulitis of the left leg. Past treatment has included oral opioids long term. Pain level or objective functional improvement out of the regimen is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.