

<b>Case Number:</b>	CM15-0179137		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	09/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Montana

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 56-year-old female, who sustained an industrial-work injury on 11-15-12. A review of the medical records indicates that the injured worker is undergoing treatment for Lumbar radiculopathy, right hip minimal degenerative joint disease (DJD), chondromalacia of patella of the left knee grade II, chronic intractable pain and lumbar L4-5 and L5-S1 annular tear. Medical records dated (1-28-15 to 8-28-15) indicate that the injured worker complains of low back pain that is rated 6-7.5 out of 10 on pain scale without medications and 4-5 out of 10 with medications. She also complains of continued left knee pain rated 6-7 out of 10 on pain scale without medications and 3-5 out of 10 with medications, which has remained unchanged through the visits. The injured worker reports difficulty with activities of daily living (ADL), walking, climbing stairs, shopping, cooking, housework and doing laundry. The medical records also indicate worsening of the activities of daily living. Per the treating physician, report dated 8-28-15 the injured worker is permanent and stationary with restrictions. The physical exam dated 8-28-15 reveals that the injured worker walks with an antalgic gait, slight limp favoring the left lower extremity (LLE). She has difficulty with heel toe gait. There is tenderness noted over the midline lumbar spine, the lumbosacral muscles and over the right greater than the left sacroiliac joint and sciatic notches. The knee exam reveals tenderness over the medial joint line bilaterally and over the bilateral medial collateral ligament. There is pain with patellar compression bilaterally. The range of motion is decreased at 140 degrees to the bilateral knees with flexion. The McMurray's test is positive for pain. Treatment to date has included pain medication including Lunesta, Motrin, Protonix, Norco since at least 1-28-15, heat and ice, H-wave, bracing,

physical therapy, modified home exercise program (HEP), and other modalities. The treating physician indicates that the urine drug test results dated 8-28-15, 7-10-15 and 4-23-15 were consistent with the medication prescribed. The request for authorization date was 8-28-15 and requested service included Norco 10-325mg, #90. The original Utilization review dated 9-4-15 modified the request to Norco 10-325mg, #45 for weaning, as the documentation does not support the necessity of the request beyond the amount for weaning.

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

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

**Norco 10/325mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

**Decision rationale:** Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Continued use of opioids is appropriate with improved function and pain relief. In this case the medical records show that the injured worker has been taking Norco 10/325 every 8 hours on a long term basis. There is documentation of functional improvement with improved ability to do ADLs. Significant pain relief is described with medication use at the lowest effective dose. Urine drug screens have been appropriate and a pain contract is in place. Although overall documentation of a pain assessment could be improved, the request for ongoing use of Norco 10/325mg #90 is consistent with the MTUS guidelines and is medically necessary.