

<b>Case Number:</b>	CM15-0061675		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old male with an industrial injury dated April 22, 2010. The injured worker diagnoses include lumbosacral radiculopathy, lumbar sprain/strain and right knee tendinitis/bursitis. Treatment consisted of prescribed medications, right knee injections and periodic follow up visits. In a progress note dated 02/06/2015, the injured worker reported chronic pain in the lumbar spine and right knee. The injured worker rated his pain a 7/10 with medications. Objective findings revealed spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion. Right knee discomfort with flexion/extension, truncal obesity and pitting edema in left lower extremity were also noted on exam. The treating physician prescribed services for Norco 5/325mg now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic right knee pain. Medications include Norco. When seen, he had pain rated at 7/10. His Norco dose was increased to #45 per month at a total MED (morphine equivalent dose) of 7.5 mg per day. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking. Norco (hydrocodone / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Although there was poor pain control, the dose was increased with the total MED less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.