

<b>Case Number:</b>	CM15-0065371		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	02/22/2007
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 56 year old male sustained an industrial injury to the low back and bilateral knees on 2/22/07. Previous treatment included magnetic resonance imaging, left total knee replacement, physical therapy, home exercise and medications. In a PR-2 dated 3/2/15, the injured worker complained of ongoing severe pain to bilateral knees and low back. Physical exam was remarkable for tenderness to palpation to the erector spine and gluteus with restricted range of motion and positive bilateral straight leg raise and left knee with mild edema and restricted range of motion. Current diagnoses included lumbar spine herniated nucleus pulposus, lower extremity radiculopathy, bilateral knee internal derangement, left knee total replacement with residual pain and swelling and reactive depression from chronic pain syndrome. The physician noted that the injured worker had been stable on Norco for the last several years but continued to show more tolerance with break through pain in between the dose. The physician noted that the injured worker would benefit from a change to Butrans patch for better pain coverage. The treatment plan included requesting authorization for Butrans patch, remaining on Norco for now and medications (Flexeril and Omeprazole) and continuing home exercise.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, (unspecified frequency & duration) quantity: 150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #150 is not medically necessary.