

<b>Case Number:</b>	CM15-0066013		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/16/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54-year-old male who sustained an industrial injury on 09/26/06. Initial complaints and diagnoses are not available. Treatments to date include medications and aqua therapy for the low back. Diagnostic studies include a MRI of the lumbar spine, x-ray of the left hip, and nerve conduction studies. Current complaints include left knee pain. Current diagnoses include pelvic pain, and left knee pain. In a progress note dated 02/27/15 the treating provider reports the plan of care as an orthopedic bed, existing stationary bike, a left epidural steroid injection, TENS trial, and medications including Ambien, Miralax, Colace, Omeprazole, Baclofen, Cialis, Zolpidem, Biotene, Norco, and Gabapentin. The requested treatment is Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg bid #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

**Decision rationale:** The patient presents with low back, left hip, left knee pain. The pain is rated as 10/10 without medication and decreases to 8/10 with medication and reports no side effects. The request is for NORCO 10/325MG BID #60. The provided RFA is dated 03/10/15 and the patient's date of injury is 09/26/06. Diagnoses include joint pain in pelvis and left knee pain. Per 02/24/15 report, physical examination of the lumbar spine revealed decreased range of motion with flexion limited to 70 degrees and extension limited to 20 degrees. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on the left side. The patient has an antalgic gait and is assisted by a cane. Current medications include Norco, Lidoderm, Ambien, Baclofen, Omeprazole, Phenergan, Flectore Patch, Gabapentin, Cialis, Miralax, Colace, Pennsaid, and Biotene mouthwash. The patient is on modified duty. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Norco was prescribed to the patient at least since 09/09/14, per provided medical reports. In this case, treater indicates that the patient's pain level improves from 10/10 to 8/10 with use of opiates. There is a consistent UDS as well from 10/7/14. However, no ADL's are provided and no side effects are discussed. No validated instruments are used showing functional improvement and outcome measures are not discussed as required by MTUS. MTUS require that all four A's are documented including ADL's, Adverse behavior and Adverse side effects. Without documentation of functional improvement through specific examples of ADL's or return to work, chronic opiate use is not supported. The request IS NOT medically necessary.