

<b>Case Number:</b>	CM15-0096275		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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 York

Certification(s)/Specialty: Pediatrics, Internal 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 52 year old male, who sustained an industrial injury on 09-22-2003. He has reported subsequent low back, bilateral knee and ankle pain and was diagnosed with ankle, lumbar and bilateral knee sprain and strain, left knee internal derangement and end stage degeneration status post two surgeries and right knee internal derangement and end stage degenerative joint disease. Other diagnoses include diabetes, hypertension and depression. Treatment to date has included medication, physical therapy, home exercise program, TENS unit, chiropractic therapy, application of heat and surgery. Documentation shows that Norco was prescribed as far back as 2011. The orthopedist indicated in 2014 that a total knee replacement for the left knee was the only option for further treatment but that the injured worker was a poor candidate secondary to age and psychological problems. In a pain management consultation note dated 04-16-2015, the injured worker complained of 8-9 out of 10 low back, bilateral buttock and bilateral lower extremity pain. Objective findings were notable for a markedly antalgic gait favoring the left lower extremity, inability to walk on toes and heels due to knee and back pain, marked flattening of the normal lumbar lordosis, multiple myofascial trigger points in the lumbar paraspinous muscles, hyperalgesia over the gluteal muscles, crepitus in flexion and extension in both knees, inability to fully extend the left knee and signs of osteoarthritis of the knees with small effusion primarily in the left knee. Work status was documented as temporarily totally disabled. The physician noted that the injured worker had significant medication dependency, was not a surgical or injection candidate and had failed all conservative care modalities. He was noted to be taking multiple antidepressants with continued follow-up with a psychologist and

psychiatrist. The physician indicated that the injured worker needed to learn alternative strategies for managing pain in a health way to decrease reliance on medications and that an inter-disciplinary evaluation would be requested for more complex treatment planning. A request for authorization of Norco 10-325 mg #60 and a multidisciplinary evaluation was submitted.

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

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Norco is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. The documentation shows that this medication had been prescribed to the injured worker since at least 2011 and there was no documentation of any significant functional improvement or pain reduction with the use of opioid medication. The injured worker's pain remained severe in the 7-9 out of 10 range. There is no documentation of the average pain, least amount of reported pain, intensity of pain after taking Norco and the duration of pain relief. There was no documentation of a change in work status and there was no documentation of an improvement with performance of activities of daily living. Although the physician notes in the most recent progress note that Norco allowed the injured worker to complete activities of daily living, there were no specifics given and other recent physician notes had indicated continued significant difficulties with performing activities of daily living and decreased activity levels. The injured worker was noted to have failed all conservative treatment modalities. In addition, there is no evidence of monitoring for potential drug misuse or dependence. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. Therefore, the request for authorization of Norco is not medically necessary.

**Multidisciplinary Evaluation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs (Functional Restoration Programs), Criteria for the general use of multidisciplinary pain management programs Page(s): 30-32.

**Decision rationale:** As per CA MTUS guidelines, "...for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach." Multidisciplinary programs involve one or two specialists directing the services of a number of team members, with these specialists often having independent goals. Multidisciplinary pain management programs can be considered medically necessary when all of the following criteria are met: (1) A thorough evaluation has been made, including baseline functional testing; (2) Previous methods of treating chronic pain have been unsuccessful and there are no other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (5) The patient exhibits motivation to change, and is willing to forgo secondary gains & (6) Negative predictors of success above have been addressed. The submitted documentation shows that despite the use of numerous conservative treatment modalities including medications, physical therapy, chiropractic therapy, psychological treatment, TENS unit and surgery, the injured worker continued to experience severe pain, poor mood, concentration and energy levels and significant difficulty performing activities of daily living. The physician noted that given the failure of these modalities, an interdisciplinary evaluation for more complex treatment planning was being requested. Given the failure of numerous treatment modalities, the significant loss of ability to function independently, the fact that the injured worker was not a candidate for total knee arthroplasty of the left knee despite the fact that this was the only option for treatment as per the orthopedist and the concurrent psychiatric issues, the complexity of care is significant, and a request for multidisplinary evaluation is reasonable. Therefore, the request is medically necessary.