

<b>Case Number:</b>	CM13-0022195		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	12/19/2001
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Sports Medicine and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 34-year-old male who reported an injury on 12/19/2002. The mechanism of injury was not provided in the medical records. The clinical notes indicate that the patient has complaints of ankle and low back pain. A physical examination of the patient notes back pain, myalgias, muscle weakness, stiffness, and joint complaints as well as knee pain. The patient was clinically assessed with lumbago/low back pain, ankle pain, and knee joint pain for which the patient is currently under consideration for Norco 10/325 mg and an MRI of the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240 with two (2) refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 91.

**Decision rationale:** The California MTUS states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain. The California MTUS also states a recommendation for the 4 A's for Ongoing Monitoring. These four domains for monitoring have been summarized as the

"4 A's" and include monitoring for include 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 for documentation of the clinical use of these controlled drugs. The notes detail that the patient has significant pain relief with the use of the requested medication, and has improvement in activities of daily living and ability to function. The notes also indicate in the most recent evaluation of 10/15/2013 that the patient has a new job which is much less stressful; therefore, the patient has much less pain. However, clinical notes indicate that the patient maintains back pain described as aching and constant and the patient's symptoms are ongoing. A physical examination of the patient noted back pain, pain to the midline in the paraspinal musculature, and tenderness of the left paralumbar and right paralumbar regions. Notes indicate that the patient was given a prescription of Norco 10/325 mg for use every 4 hours. Furthermore, review of the submitted urine drug testing indicates no inconsistencies with the patient's prescribed regimen. Given that the patient has pain relief with the medication, no evidence of any aberrant drug related behaviors or adverse side effects, and as there is noted improvement in activities of daily living and effective analgesia, the request for Norco is supported. However, while the patient has been on Norco for an extended period of time, there is indication in the most recent clinical notes submitted for review that the patient has changed jobs and has much less stress, which is noted to have caused a reduction in the patient's continued pain levels. Therefore, there is no clear clinical rationale for the necessity of 2 additional refills of the medication and the patient should reasonably be reassessed to determine if the opportunity for weaning of the medication exists. Given the above, the request for Norco 10/325 mg #240 with refills is not medically necessary and appropriate.

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter, MRI.

**Decision rationale:** The California MTUS states that special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma: 1) patients who are able to walk without a limp; and 2) patients who had a twisting injury and there is no evidence of effusion. The Official Disability Guidelines state that MRI for may be indicated for non-traumatic knee pain in adolescents or adults with nonpatellofemoral symptoms if Initial anteroposterior and lateral radiographs demonstrate normal findings or a joint effusion; in patellofemoral symptoms imaging may be indicated after radiographs if internal derangement is suspected. For non-traumatic knee pain in adults imaging with MRI may be indicated with non-diagnostic radiographs if internal derangement is suspected or if films demonstrate joint compartment widening. For acute trauma imaging may be supported with suspicion for posterior knee dislocation or ligament or cartilage disruption. Repeat MRI is only indicated for post-

surgical evaluation if there is need to assess knee cartilage repair tissue. Regarding the patient's left knee, notes indicate that the patient was evaluated on 07/24/2013. Notes indicate that the patient had an episode of exacerbation post leaning to the left side at the site of his surgery. The patient also indicated that his left knee was more sore than usual and that there was weakness in the leg and the patient feels that it does not wish to respond and seems to drag. Notes indicate that the patient underwent knee x-rays which showed mild degenerative joint disease and joint effusion with larger effusion on the left side which is the most painful side. An evaluation of the left lower extremity noted pain on movement of the knee with full range of motion and overall stability of the left lower extremity. However, the documentation submitted for review fails to support the recommendation for imaging studies of the patient's left knee as there were no significant red flag findings to warrant imaging. Based on the documentation submitted for review the request for MRI of the left knee is not medically necessary and appropriate.