

<b>Case Number:</b>	CM13-0028548		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	07/22/2012
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 New York 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.

### 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 patient is a 49-year-old female who reported an injury on 07/22/2012 when she was walking out of a bathroom and slipped on water and fell, striking her left knee on the floor. The patient is noted to have undergone a left knee surgery on 10/17/2012. The patient is noted to have treated conservatively with continued complaints of left knee pain. On 08/08/2013, the patient was seen by [REDACTED] and reported the patient continued to complain of constant pain aggravated by walking and standing which she was noted at that time to be utilizing Norco 10/325 mg 3 tablets a day and Omeprazole 20 mg which she found helpful. She reported her pain was 10/10 without medications and 6/10 with medications. She also was using a Medrox patch for sympathetic relief of pain. On physical exam, the patient is noted to use a single point cane for ambulation. There was swelling of the knee and tenderness to touch over the anterior, medial and lateral sides of the knee, and range of motion was limited in flexion and extension secondary to pain and swelling. The patient was noted to be planned for a repeat surgery to her 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:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Meniscus tear subsection, under medication

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** 07/22/2012 when she slipped on water coming out of the bathroom and fell, striking her left knee. She is noted to have undergone a left knee surgery in 10/2012 and is reported to continue to complain of ongoing pain of the left knee. She is noted to have been taking Norco 10/325 mg 3 times a day which she reported decreased her pain. The California MTUS Guidelines state that there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. While the patient is reported to have received pain relief with use of the medication, there is no documentation that she has improved functional status or improved quality of life with the use of the medication and as such, the requested continuation of Norco 10/325 mg does not meet guideline recommendations. Based on the above, the request for Norco 10/325 mg, number of tablets not specified is non-certified.