

<b>Case Number:</b>	CM13-0032297		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/18/2010
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Orthopedic Surgery and is licensed to practice in California. 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:

According to the records made available for review, this is a 38-year-old male with an 11/18/10 date of injury. At the time of request for authorization for 120 tablets of Norco 10/325mg and 60 tablets of Valium 10mg, there is documentation of subjective (stiffness and limitation with buckling especially with the right knee and symptoms of depression) and objective (tenderness along the joint line, tenderness along the medial joint line and inner patellar on the right knee with positive McMurray test, and mild crepitation on range of motion) findings, current diagnoses (Internal derangement of the knee on the right status post meniscectomy times two, Internal derangement of the knee on the left, weight gain, sexual dysfunction, depression, and diarrhea), and treatment to date (DonJoy brace, TENS Unit, activity modification, and medications).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

**Decision rationale:** In the case of opioids, MTUS requires documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects as criteria necessary to support the medical necessity of the drugs. Within the medical information available for review, there is documentation of internal derangement of the knee on the right status post meniscectomy times two, internal derangement of the knee on the left, weight gain, sexual dysfunction, depression, and diarrhea. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for 120 tablets of Norco 10/325mg is not medically necessary.

**Valium 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Official Disability Guidelines, Chronic Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS does not support the long-term use of benzodiazepines. Within the medical information available for review, there is documentation of internal derangement of the knee on the right status post meniscectomy times two, internal derangement of the knee on the left, weight gain, sexual dysfunction, depression, and diarrhea. However, there is no documentation of an intention to treat over a short course. Therefore, based on guidelines and a review of the evidence, the request for 60 tablets of Valium 10mg is not medically necessary.