

<b>Case Number:</b>	CM13-0056689		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/15/1995
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 is a patient with a date of injury of 2/15/95. A utilization review determination dated 11/11/13 recommends non-certification of Norco. 10/17/13 medical report identifies pain in the cervical spine, lumbar spine, and bilateral knees. She has been taking Norco and Soma 2-3 tablets and reports improvement from 7/10 to 3-4/10. On exam, there is limited knee ROM to 90 degrees of flexion with tenderness over the medial and lateral joint lines on the right and a positive patellofemoral grind test. She notes improvement with therapy for the right knee, but continues with pain and limitation in strength and ROM. Additional therapy was recommended along with Soma and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDS NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , KNEE/LEG CHAPTER,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 76-79.

**Decision rationale:** The Expert Reviewer's decision rationale: Regarding the request for Norco, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse

potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is notation that the patient's Norco and Soma improve pain from 7/10 to 3-4/10. However, there is no indication that the Norco is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. Opioids should not be discontinued abruptly; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Norco is not medically necessary.