

<b>Case Number:</b>	CM13-0060437		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/04/2012
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 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 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:

The claimant is a 57-year-old male who was injured in a May 4, 2012, work-related accident. Clinical records available for review document complaints of chronic right knee pain. The report from a November 6, 2013, follow-up with ██████ noted continued complaints of knee pain and state that the claimant's treatment includes Norco. The use of other medications is not documented. Physical examination showed diminished quadriceps strength and full range of motion. ██████ recommended continuation of Norco ad follow up visit in one month. Additional records document that following this office visit, the claimant was placed on a weaning dose of narcotics. This request is for continuation of Norco and a one-month follow-up with ██████ for further assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 2.5/325MG #60, DISPENSED:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, further treatment with Norco would not be supported in this case. At his most recent clinical assessment, the claimant was prescribed a weaning dose of narcotics as part of a plan to discontinue Norco's use. Given the lack of documentation of significant improvement with this short-acting analgesic, the request for continuation of Norco would not be indicated. The request is not medically necessary and appropriate.

**FOLLOW-UP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, CHRONIC PAIN-OFFICE VISITS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

**Decision rationale:** According to the ACOEM Guidelines, the need for additional medical consultation would not be indicated in this case. The reviewed records provide no evidence of positive physical examination findings and document that the claimant's treatment is limited to the use of Norco, which is no longer recommended and for which an appropriate weaning regimen was prescribed. Absent documentation of symptoms or findings that would necessitate further evaluation and treatment and the fact the claimant was weaned from Norco according to the records provided, this request is not medically necessary and appropriate.