

<b>Case Number:</b>	CM13-0063816		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/13/2009
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome with chronic knee pain reportedly associated with an industrial injury of July 13, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; psychological counseling; a TENS unit; two earlier knee surgeries; psychotropic medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of November 5, 2013, the claims administrator partially certified a request for Norco for weaning purposes. The applicant's attorney subsequently appealed on December 4, 2013. A July 2, 2013 progress note was notable for comments that the applicant had persistent knee issues. A recent bone scan apparently demonstrated failure of a tibial component. The applicant continued to report severe knee pain and depression. The applicant was given refills of morphine, Norco, Lidoderm, Cymbalta, and a TENS unit. On May 6, 2013, the applicant complained that the earlier total knee arthroscopy was unsuccessful. The applicant was not working. The applicant was limited in terms of all of activities of daily living secondary to pain. The applicant had developed severe depression secondary to pain, it was noted, at that point. On October 22, 2013, the applicant again stated that he was not working, was having difficulty with all activities of daily living secondary to pain, and again complained of issues related to the failed total knee arthroplasty. The applicant exhibited an antalgic gait ameliorated by usage of a cane. The applicant was on morphine, Norco, Lidoderm, and Effexor. The applicant stated that he was depressed. The applicant was asked to consult a knee specialist who specializes in revision total knee arthroplasty. Multiple medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 7.5-325 MG:** 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): 78.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work. The applicant reports heightened pain complaints and diminished ability to perform even basic activities of daily living such as walking and moving about. It is further noted that page 78 of the MTUS Chronic Pain Guidelines suggests exercise in caution when using opioids in applicants with comorbid psychiatric issues. In this case, the applicant does in fact have ongoing psychiatric issues. Continuing Norco is not indicated, for all of the stated reasons. Therefore, the request is not medically necessary and appropriate.