

<b>Case Number:</b>	CM13-0065996		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/14/2003
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopaedic 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:

This 72-year-old female is under care for chronic low back and bilateral knee pain. She is status post L3/4 and L4/5 lumbar decompression with dynamic stabilization of L2-L5, in 2010. Past medical history is positive for acute renal failure reportedly associated with NSAID medication use, with residual hypertension. The 3/14/13 permanent and stationary report indicated that the patient had constant grade 7-8/10 low back pain radiating to the mid-back. Pain was sometimes relieved with medications. Objective findings documented movement without difficulty, moderate loss of lumbar range of motion, bilateral lumbar paraspinal and quadratus lumborum tenderness and hypertonicity, straight leg raise post-operative right 50 degrees, mechanical testing positive, deep tendon reflexes 2/4, sensation decreased over the L5 and S1 distributions bilaterally, inability to heel/toe walk, bilateral knee tenderness over the medial and lateral joint lines, 4/5 knee strength, and positive patellofemoral grind test. The diagnosis included lumbar degenerative disc disease, status post lumbar fusion, and bilateral knee arthritis. The 10/28/13 treating physician visit note documented on-going low back and bilateral knee pain with right knee swelling. The patient was using a single-point cane for ambulation. Objective findings documented slight limitation in bilateral knee range of motion, moderate loss of lumbar flexion, 4/5 right knee strength, and 5/5 left knee strength. A request for Norco 5/325 mg #90 with one refill was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Norco 5/325 quality ninety (90) with one (1) refill for knee and low back pain:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 80-81.

**Decision rationale:** The Physician Reviewer's decision rationale: The request under consideration is a prescription of Norco 5/325 mg #90 with one refill for knee and low back pain. The California MTUS guidelines for opioid therapy recommend a trial of opioid medication for osteoarthritis if there is evidence of contraindications for use of first-line medications (NSAIDs). Long term opioid use can be supported when satisfactory response to treatment is evidenced by decreased pain, increased level of function, or improved quality of life. This patient is status post two lumbar surgeries in 2008 and 2010 and has been diagnosed with bilateral knee osteoarthritis. Records document that this patient developed acute renal failure in 2009 relative to the use of NSAIDs. This patient has been using Norco since at least 10/18/12 with no adverse side effects documented. The P&S report documented baseline chronic moderate back and knee pain that is reported somewhat relieved by medications. Given the patient's inability to use NSAIDs for management of her chronic low back with objective evidence of residual radiculopathy and/or bilateral knee osteoarthritis pain and pain reduction documented, the continued use of Norco is consistent with guidelines. Therefore, this request for one prescription of Norco 5/325 mg #90 with one refill is medically necessary.