

<b>Case Number:</b>	CM14-0000648		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	04/07/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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:

The 37-year-old female carrot sorter sustained an industrial injury on 7/20/11 when she became lightheaded and fell directly onto her knees and twisted her back. The 9/20/11 lumbar spine MRI impression documented degenerative disc disease and facet arthropathy with retrolisthesis L4/5 and L5/S1 and neuroforaminal narrowing including L3/4 mild caudal right, L4/5 moderate to severe left, and L5/S1 mild caudal left. The 9/1/11 electrodiagnostic study was reported normal with no evidence of focal nerve entrapment, lumbar radiculopathy, or generalized peripheral neuropathy. The patient is status post left knee arthroscopic subtotal lateral meniscectomy on 8/21/13. The patient is under the care of separate physicians for her knee and back complaints. The 10/31/13 treating physician report indicated that the patient had significantly decreased left knee pain following the surgery with some residual tenderness. Left knee was reported grade 2-3/10 and right knee pain was 4/10. The patient reported taking Norco 10/325 mg 2 to 3 times per day with pain reducing from grade 5/10 to 2/10. Right knee exam documented 0-140 degrees of right knee motion with tricompartmental crepitus, no instability, tenderness to palpation, 4+/5 quadriceps strength, 5-/5 hamstring strength, no quadriceps atrophy and negative meniscal sign. Left knee exam documented 0-120 degrees of right knee motion, no instability, tenderness to palpation, 4+/5 quadriceps and hamstring strength, no quadriceps atrophy and negative meniscal sign. Right knee moderate degenerative joint disease was noted on x-rays. The treatment plan recommended continuation of home exercise and prescribed Norco and Prilosec for the knee complaints with follow-up in 8 weeks. The patient remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Hydrocodone/APAP (Norco) 10/325mg #90, 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** The request under consideration is for Hydrocodone/APAP (Norco) 10/325 mg #90 with one refill dispensed on 10/24/13. The California MTUS guidelines recommend the use of opioids for osteoarthritis on a short term basis after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Guidelines state that there is a lack of evidence to allow for a treatment recommendation for long-term use. The patient is status post lower extremity knee surgery with a good response with some residual tenderness. The patient has been diagnosed with degenerative joint disease of the right knee with reported mild pain levels. Guideline criteria for continued use of Norco has not been met. Guidelines support short term use for osteoarthritis and state this medication is indicated for moderate to severe pain. The patient no longer has moderate to severe knee pain. Weaning of this medication is not an issue as it was dispensed. Therefore, this request for Hydrocodone/APAP (Norco) 10/325 mg #90 with one refill dispensed on 10/24/13 is not medically necessary.