

<b>Case Number:</b>	CM14-0003252		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/16/2005
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 injured worker is a male with date of injury 11/16/2005. Per primary treating physician's progress report, the injured worker is experiencing right knee and hip pain with aching, feelings of weakness and muscle pain, which has existed for an extended amount of time. He indicates that activity and walking worsen condition, while ice, lying down and narcotics improve condition. Pain is described as aching, burning, localized, throbbing, tight and stiffness. Severity is 4-5/10. On exam right knee has a well healed surgical scar. There is no swelling to lower leg. Extension to approximately 0 degrees and flexion to approximately 100 degrees. His left hip is improved with the total replacement, but there is still some limit to the range of motion. He has made great progress with a decrease in pain and increase in function. Right hip tenderness with limited range of motion with a well healed surgical scar. The cyst on the posterior thigh is healed. There is some crepitus to range of motion testing of the right knee, but no substantial instability noted. Gait is normal and muscle strength is 5/5. Coordination is good, proprioception sensations are normal. Deep tendon reflexes are abnormal with no patella reflexes elicited. Diagnoses include 1) right knee ACL and MCL tear status post arthroscopic surgery with modest benefit 2) left eye retro-ocular migraine headache status post frontotemporal zygomatic facial trauma 3) cervical spinal pain, possibly facetogenic 4) disc annular tears at C5-6, C6-7 with 3 mm circumferential disc osteophyte complex at C5-6 and 3 mm circumferential disc osteophyte complex at C6-7 5) subcutaneous mass in the neck 6) left hip and groin pain 7) likely compensatory left knee interarticular pain 8) left hip arthroplasty with total hip replacement 4/7/2009 9) right knee arthroplasty 12/22/2009 10) right hip arthroplasty 11/16/2010 11) loosening of the replacement right knee with increased buckling instability, likely requiring realignment 12) status post surgery for loosening of right total knee replacement with tibial tray liner and synovectomy 2/12/2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10-325 MG, 1 TABLET EVERY 4 HOURS: #180, PLUS ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Hydrocodone (Vicodin, Lortab).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** The injured worker is being treated chronically with opioid pain medications. The only indication that these medications are effective are subjective reports that the medications improve his condition, as do ice and lying down. Activity and walking worsen his condition. The injured worker has had multiple surgeries, but is outside the post-surgical period. The MTUS guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy, which is not the case in the current management of this injured worker. The medical reports do not indicate that function has improved as a result of the use of Norco. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to maintain treatment. Per peer to peer review reported by the claims administrator, the requesting provider has had difficulty weaning the injured worker previously, and has agreed to attempt to wean from opioid medications again. The request for Norco 10/325 mg, 1 tablet every 4 hours, #180 plus one refill is determined to not be medically necessary.