

<b>Case Number:</b>	CM14-0006607		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/16/2010
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 52-year-old female who was reportedly injured on June 16, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated October 24, 2013, indicated that there were ongoing complaints of bilateral knee pain, bilateral shoulder pain, and neck pain. Pain was rated to be at 8/10. Current medications include terocin lotion and Norco. There was no comment regarding prior medication efficacy. The physical examination demonstrated a moderate effusion of the right knee and crepitus with range of motion. Trigger points were noted along the gluteus maximus and lower lumbar spine. Neurological examination noted paresthesias to light touch at the right foot. There was a positive McMurray's test of the right knee. Electrodiagnostic studies of the bilateral lower extremities, a magnetic resonance image (MRI) of the right shoulder and a MRI the right knee were recommended. A prescription was written for Norco. Diagnostic imaging studies of the right knee noted chondromalacia and a lateral meniscus tear. A MRI of the right shoulder noted a partial thickness rotator cuff tear and tendinosis. Previous treatment included work restrictions, physical therapy, the use of a cane, and a home exercise program. A request had been made for Norco and was not certified in the pre-authorization process on January 8, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg with three refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** According to the medical record, the injured employee has previously been prescribed Norco; however, there has been no objective documentation regarding this medication's efficacy or its ability to help her function, return to work, or participate in activities of daily living. Without this prior information, continued usage of Norco cannot be justified. Therefore, this request for Norco 10/325 with three refills is not medically necessary or appropriate.