

<b>Case Number:</b>	CM14-0009260		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/25/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 41-year-old male who has submitted a claim for bilateral knee pain associated with an industrial injury date of 04/05/2008. Medical records from 08/22/2013 to 01/15/2014 were reviewed and showed that patient complained of persistent bilateral knee pain (grade and radiation not specified). Physical examination revealed bilateral knee joint effusion. Bilateral knee crepitus was noted. Tenderness to palpation was noted over the lateral joint line, medial joint line, and patella. McMurray's test on both knees was positive. X-ray of bilateral knees dated 10/02/2009 was done. Left knee x-ray revealed osteoarthritis. Right knee x-ray suggested early degenerative arthritis. MRI of the right knee dated 10/02/2009 revealed edema of the femoral condyle and tibial plateau, medial collateral ligament sprain grade 1, and medial meniscal cyst. Treatment to date has included right knee arthroscopic surgery, physical therapy, cortisone injection, hyaluronic acid injection (both knees) Voltaren and Norco. A utilization review, dated 01/07/2014, denied the prescription of Norco 5/325mg #45 because the patient had been off Norco for a few weeks and pain level remained unchanged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325 #45:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

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

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco 5/325 mg QD-BID #45 since 10/02/2013. The patient has been able to function with tolerable pain as stated in the medical records (10/30/2013) with the aid of Norco. Guideline criteria were met. Therefore, the request for prescription of Norco 5/325mg #45 is medically necessary.