

<b>Case Number:</b>	CM14-0103538		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/01/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 34 year old female with a date of injury of 06/01/2013. She had a slip and fall injury resulting in pain to the low back, right elbow and left knee. The most recent diagnoses are right lateral epicondylitis, lumbar strain/sprain, lumbar fact disease, internal derangement, partially torn ACL and chondromalacia of the left knee. The physical exam has revealed diminished lumbar range of motion, lumbar spasms, and tenderness to palpation of the lower lumbar facet joints. Straight leg raise testing results have been inconsistent. The left knee reveals diminished flexion, a positive anterior drawer sign, a positive McMurray's sign, and a slight effusion. There is right sided lateral epicondylar tenderness. She has responded most favorably to facet joint injections and radiofrequency ablation in terms of her back pain. She has been prescribed Norco 10/325 mg intermittently for flares in pain. The pain medication has either helped not at all or 'a little'. The injured worker had been returned to work with modifications but was scheduled to have a left knee arthroscopy on 7-2-2014. On 7-3-2014 there was a request for Norco 10/325 mg BID for pain, #60. There are no notes available for review from her knee surgery or subsequently.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** The referenced guidelines state that for those requiring chronic opioid treatment there be ongoing monitoring of analgesia, functionality, adverse side effects, and any evidence of aberrant drug taking behavior. Opioids may be continued if there is improvement in pain and functionality and/or the patient has returned to work. In this instance, it appears that the use of opioids has been intermittent and diminishes after facet joint intervention with regard to her back pain. Coincident with this request for Norco 10/325mg is a knee arthroscopy, essentially adding another acute component to her overall pain mixture. Therefore, because the injured worker had returned to work and because the opioid use does not appear to be entirely chronic at this point, Norco 10-325mg #60 is medically necessary.