

<b>Case Number:</b>	CM14-0106731		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of October 1, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; ACL reconstruction surgery; a knee brace; and opioid therapy. In a Utilization Review Report dated June 24, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a June 16, 2014 progress note, the applicant reported persistent complaints of knee pain. The applicant stated that he had diminished his medications over the last month. The applicant stated that his knee brace was also diminishing his pain complaints. The applicant was described as status post a knee ACL reconstruction procedure of September 16, 1998. The applicant was given a 19% whole person impairment rating. Norco, tramadol, and Motrin were renewed. The applicant was asked to continue home exercises. Permanent work restrictions previously suggested by an agreed medical evaluator were apparently renewed. The applicant did not appear to be working. In an April 7, 2014 progress note, the applicant reported 5-8/10 knee pain status post ACL reconstruction surgery. Norco and tramadol were renewed. The applicant was asked to continue home exercises. The applicant did not appear to be working with permanent limitations in place. There was again no explicit discussion of medication efficacy. On March 10, 2014, it was stated that the applicant was calling off of work owing to pain and swelling. It was stated that medications were providing the applicant with some relief. It was stated, somewhat incongruously, in one section of the report that the applicant was capable of performing his usual and customary work duties while another section of the report stated that the applicant's job demands exceeded his current capacity. Norco, tramadol, and viscosupplementation injections were sought.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic, Opioids, Ongoing Management Topic Page(s): 80, 78.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider's reporting of the applicant's work status has been, at best, incongruous. Some portions of the attending provider's progress note suggested the applicant is not working, while other sections of the note state that the applicant is working, and other portions of the note state that "permanent restrictions imposed by a medical-legal evaluator are preventing the applicant from working." The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage, moreover. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an applicant employ the lowest possible dose of opioid needed to improve pain and function. In this case, it was not clearly stated why the applicant needs to employ two different short-acting opioids, Norco and tramadol. Therefore, the request for Norco 10/325mg #120 is not medically necessary.