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| <b>Case Number:</b>   | CM14-0131003 |                              |            |
| <b>Date Assigned:</b> | 08/20/2014   | <b>Date of Injury:</b>       | 04/14/2004 |
| <b>Decision Date:</b> | 10/02/2014   | <b>UR Denial Date:</b>       | 08/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/15/2014 |

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female, who reported injury on 04/14/2004, reportedly while climbing up 2 steps on a bus. She stepped onto the first step and placed her weight on her right leg and she felt pain and pulling in the right knee. She grabbed onto the rails with both hands to keep from falling. She stated that she felt like her leg was going to bend backwards. The injured worker's treatment history included MRI studies, medications, x-rays, surgery. The injured worker was evaluated on 07/03/2014, and it was documented the injured worker complained of constant pain in her bilateral, left greater than right knee, which was described as sharp, stabbing, and aching. She rated her pain as 7/10 on the pain scale. The injured worker stated that she did take pain medication and the pain level was still 7/10 with pain medication. The injured worker stated that her pain was getting worse. The injured worker also complained of decreased muscle mass and strength, and the injured worker was undergoing chemotherapy due to breast cancer. She stated her pain was aggravated by prolonged standing, prolonged walking, walking on uneven surface, repetitive bending, repetitive neck bending, repetitive kneeling, repetitive squatting, lifting heavy objects, and cold weather. The injured worker stated that lifting heavy objects, over 10 pounds, aggravated her pain. Physical examination of her knee revealed nonspecific tenderness at both knees. Palpation indicated moderate tenderness at the medial peripatellar and direct compression of the peripatellar on the right. Palpation indicated moderate tenderness at the medial peripatellar on the left. Apley's grind test, McMurray's test with interior rotation, and McMurray test with exterior rotation were positive on the right knee. Diagnoses included chondromalacia of patella of right knee and tear of the meniscus of the left knee. The Request for Authorization dated 07/03/2014 was for Norco 10/325 mg, and that was for pain relief.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include frequency and duration of medication. Given the above, the request for Norco 10/325 mg # 120 with 4 refills is not medically necessary.