

<b>Case Number:</b>	CM14-0153426		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	04/15/1999
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 65-year-old male with a date of injury of April 15, 1999. He complains of left knee pain and instability generally of a tolerable nature at rest and becoming severe with weight-bearing activities. He's been evaluated for a total knee replacement and thought to be a candidate for the future once his weight has diminished and his diabetes is brought under control. The injured worker has been taking Norco 10/325 mg, 3-5 a day for pain control. The treating physician documents that previous attempts to discontinue the pain medication were unsuccessful. The physical exam reveals a positive patellar sign of the left knee, some edema, a positive McMurray's sign, atrophy of the left quadriceps muscle, diminished left knee flexion, dysesthesia around the knee, and tenderness to palpation of the medial and lateral joint lines. In addition to the Norco, the injured worker has been making use of a topical cream containing ketoprofen and gabapentin. The treating physician documents that this combination of medications diminishes the pain involved with weight bearing and thereby improves functionality. Urine drug screening has been appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg/tab: 1 tab p.o. Q3-4hrs prn for pain #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

**Decision rationale:** The referenced guidelines state that those requiring opioid medication chronically should have ongoing assessment of pain relief, functionality, adverse medication side effects, and any aberrant drug taking behavior. The guidelines also state that the lowest amounts of opioids should be used for the shortest periods of time possible. Opioids may be continued if there is improvement pain and functionality. In this instance, it appears that these criteria have been satisfied. Alternative treatments for example with oral anti-inflammatories are contraindicated is the injured worker also takes Coumadin. Surgery has been postponed because of other health issues. Therefore, 10/325mg/tab: 1 tab p.o. Q3-4hrs prn for pain #150 is medically necessary.