

<b>Case Number:</b>	CM14-0157944		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

This injured worker is a 64 year old female who developed persistent low back and right knee problems subsequent to an injury dated 10/29/12. She has been trialed on multiple medications and has discontinued them when they were not found to be beneficial. She currently utilizes 1-1.2 Hydrocodone per day mostly for her knee pain. It is documented that the use of the Hydrocodone has allowed her to manage well enough to continue to avoid a total knee replacement as long as possible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective Request for 1 Prescription of Norco 10/325mg #45 with 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

**Decision rationale:** MTUS Guidelines support the use of Opioids when they are used judiciously and result in improvements in pain and function. Even though the documentation is limited regarding the Hydrocodone, it is clear that use is minimal, there is no misuse and it

provides enough pain relief to delay surgery. Overall, this is consistent with Guideline standards and the Norco 10/325 #45 is medically necessary.