

<b>Case Number:</b>	CM14-0163213		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/23/2007
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Physical Medicine and Rehabilitation 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 69 year-old patient sustained an injury on 6/23/07 while employed by [REDACTED]. Request(s) under consideration include Prospective Request for one Prescription of Norco 5/325mg #50 between 9/17/2014 and 11/22/2014. Diagnoses include Leg joint pain. The patient continues to treat for chronic right knee pain for diagnosis of arthritis. Report from the provider noted medications has allowed the patient to delay total knee replacement surgery, enabling her to function at her current level. Medications list Naproxyn and Prilosec which have been certified. There is no objective clinical findings documented indicating change, progression, or improvement. The request(s) for Prospective Request for one Prescription of Norco 5/325mg #50 between 9/17/2014 and 11/22/2014 was modified for #40 on 9/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The Prospective Request for one Prescription of Norco 5/325mg #50 between 9/17/2014 and 11/22/2014:** Upheld

**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:** This 69 year-old patient sustained an injury on 6/23/07 while employed by [REDACTED]. Request(s) under consideration include Prospective Request for one Prescription of Norco 5/325mg #50 between 9/17/2014 and 11/22/2014. Diagnoses include Leg joint pain. The patient continues to treat for chronic right knee pain for diagnosis of grade IV arthritis. Report from the provider noted medications has allowed the patient to delay total knee replacement surgery, enabling her to function at her current level. Medications list Naproxyn and Prilosec which have been certified. There is no objective clinical findings documented indicating change, progression, or improvement. The request(s) for Prospective Request for one Prescription of Norco 5/325mg #50 between 9/17/2014 and 11/22/2014 was modified for #40 on 9/25/14. There is a previous peer review dated 7/1/13 with modification of Vicodin 5/500mg from #50 to #38 for weaning persons. There is report in February of 2009 noting the patient continues to treat for grade IV arthritis of knee seen on arthroscopy with Vicodin prescribed for quite some time. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for injury of 2007. The Prospective Request for one Prescription of Norco 5/325mg #50 between 9/17/2014 and 11/22/2014 is not medically necessary and appropriate.