

<b>Case Number:</b>	CM14-0179118		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	06/24/2002
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 New York. 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 53-year-old male who reported an injury on 06/24/2002 due to an MVA while he was in an 18 wheeler. The diagnoses included chronic left knee pain, advanced osteoarthritis, chronic neck pain, status post cervical fusion, and radicular pain to the left arm. The injured worker complained of chronic left knee pain and chronic neck pain. Past treatments included physical therapy, injections and medication. The objective findings dated 09/20/2014 revealed a well-developed male with antalgic gait, range of motion was restricted, and positive Apley's and McMurray's tests. The unofficial MRI revealed severe osteoarthritis and meniscus degeneration. The injured worker rated his pain 5/10 that was constant using the VAS. The treatment plan included possible left knee surgery and Norco 7.5/325 mg. The request for authorization dated 11/03/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 7.5/325mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75,78.

**Decision rationale:** The request for 1 prescription of Norco 7.5/325mg #60 is medically necessary. The California MTUS Guidelines recommend ongoing review of patient's utilizing chronic opioid medications with documentation of pain relief, functional status, appropriate medication use, and side effects. A complete pain assessment should be documented which includes current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. The documentation was evident that the injured worker has failed steroid injections. The injured worker was also noted for advanced osteoarthritis of the knee, which Norco would be appropriate to assist with decreased pain and increase function. The injured worker was advised on the potential side effects and side effects. No evidence of drug seeking behavior was noted. As such, the request is medically necessary.