

<b>Case Number:</b>	CM14-0186031		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/12/2012
<b>Decision Date:</b>	12/30/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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, has a subspecialty in Interventional spine 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:

The patient is a 41 year old with an injury date on 12/12/12. Patient complains of right knee pain rated 8/10 and left knee pain rated 6/10, with worsening of swelling of right greater than left knee per 10/1/14 report. Patient states that acupuncture has helped decrease her pain level per 10/1/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnosis is patella chondromalacia. Exam on 10/1/14 showed "bilateral active and passive 120 degrees in range of motion of bilateral knees." Patient's treatment history includes acupuncture, knee brace, injections (viscosupplementation), and medication. The treating physician is requesting Norco APAP 2.5/325mg quantity 30 with three refills. The utilization review determination being challenged is dated 10/9/14. The requesting physician provided a single treatment report from 10/1/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco APAP 2.5/325 mg quantity 30 with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88, 89.

**Decision rationale:** This patient presents with bilateral knee pain. The treater has asked for Norco APAP 2.5/325 mg quantity 30 with three refills but the requesting progress report is not included in the provided documentation. It is not known how long patient has been taking Norco but patient is currently taking Norco per 10/1/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not indicate a decrease in pain with current medications. There is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.