

<b>Case Number:</b>	CM14-0026280		
<b>Date Assigned:</b>	3/3/2014	<b>Date of Injury:</b>	09/29/2012
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Expedited	<b>Application Received:</b>	03/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 40-year-old female who reported a work-related injury on 09/29/2012. Recent clinical documentation stated the patient complained of right knee pain. It was noted the patient's Norco was modified and she requested an appeal of the modification of her medication. She also requested a second opinion orthopedic consultation. The patient stated her right knee pain was 10/10. The patient's urine drug screen dated 11/27/2013 did not detect the patient's prescribed medications of hydrocodone or tramadol; however, cannabinoids were detected. A request has been made for 1 prescription of Norco 10/325 mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen and Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-80.

**Decision rationale:** Recent clinical documentation noted tenderness upon palpation of the patient's right knee with tenderness upon palpation of the right lateral knee and lateral joint line. Prepatellar tenderness was noted with 1+ edema and knee locking. Muscle strength was 5/5 in

all limbs and the patient had an antalgic gait. The patient was status post right knee surgery on 07/29/2013 and underwent deep venous thrombosis requiring Coumadin anticoagulation. It was noted that when the patient's Norco was taken with her prescribed Ultram ER 100 mg that the patient's pain was reduced from 10/10 to 3/10 which helped with maintenance of the patient's activities of daily living such as self-care and dressing. It was reported that the patient showed no aberrant behavior with this medication. California Chronic Pain Medical Treatment Guidelines indicate that documentation of pain, quality of life, and functional improvement should be recorded for patients taking opioids for pain management. There were no functional benefits noted for the patient which could be objectively measured due to the use of hydrocodone. California Chronic Pain Medical Treatment Guidelines recommend the continued use of Norco if there is functional improvement with medication use. Guidelines state to discontinue opioids if non-adherence is occurring. The patient's urine drug screen dated 11/27/2013 did not detect the presence of hydrocodone or tramadol which was prescribed for the patient. Given the above, the request for 1 prescription of Norco 10/325 mg #120 is non-certified.