

<b>Case Number:</b>	CM14-0026465		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 & 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 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 40-year-old female who reported a fall on 08/08/2011. In the clinical notes dated 04/22/2014, the injured worker reported a fall from a curb and stated she could not feel her right foot and had sustained a torn right ACL. It was noted she was on crutches and had right knee pain with swelling with popping/clicking. It was also noted she was not able to put full weight on the right leg. It was also noted that the injured worker was having more low back pain and increased pain to her upper back as well. The injured worker also reported ongoing numbness to the vaginal wall, right side and left side was improved with surgery. Prior treatments included physical therapy, aquatic therapy on her own, and back surgery dated 02/2010 and L5 revision laminectomy dated 08/19/2013. The injured worker's prescribed medications include naproxen sodium 550 mg tab 1 by mouth twice a day, gabapentin 300 mg capsule thirty 4 by mouth 3 times a day, Norco 10/325 mg tablet 1 tablet by mouth 3 times a day. The physical exam revealed the injured worker to walk slowly with analgesic gait on the right with the use of a crutch. The physical exam of the right knee revealed swelling with limited range of motion secondary to severe pain. It was noted she was unable to put full weight on the right leg and a full examination of the right knee was not able to be performed secondary to pain. The diagnoses included lumbar herniated disc and knee pain. The treatment plan included a request for an MRI of the right knee to rule out a complete versus partial ACL tear, a request for 8 additional visits of physical therapy specifically pool therapy to allow the injured worker to continue to exercise as land-based exercises may be difficult with this recent right knee injury, and a refill of the prescribed Norco 10/325 #70. It was noted that it was a 25% reduction from previous refills of last month. The request for authorization form for the diagnoses of lumbar herniated disc, lumbar disc disorder with myelopathy, and knee pain for a refill of Norco 10/325 mg #70 was submitted on 04/23/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MEDICATION-NORCO 10/325:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, Specific Drug List.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 80, 91, 78.

**Decision rationale:** The request for medication - Norco 10/325 is not medically necessary. The California MTUS Guidelines state that opioids appear to be efficacious but limited for short term pain relief, and long term efficacy is unclear (greater than 16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of re-assessment and consideration of alternative therapy. Norco is indicated for moderate to moderately severe pain. Guidelines also state the 4A's should be monitored which include pain relief, objective functional improvement, side effects and aberrant behaviors. In the clinical notes provided for review, there is a lack of documentation of the injured worker's pain level status with or without prescribed medications. It is indicated that the injured worker has been on the prescription of Norco 10/325 for an indeterminate amount of time without the physician addressing adverse side effects and aberrant drug-taking behaviors. The request also lacks the frequency of which the prescribed Norco 10/325 mg would be taken. Furthermore, the Guidelines only recommend the use of opioids to be short term in use no greater than 16 weeks. Therefore, the request for medication - Norco 10/325 is not medically necessary.