

<b>Case Number:</b>	CM14-0026930		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	07/20/2002
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 46 year old male with an injury reported on 7/20/02. The mechanism of injury was not provided within the clinical notes. The clinical note dated 2/14/14, reported that the injured worker complained of right knee pain. The physical examination findings reported that the lumbar spine range of motion demonstrated flexion to 20 degrees, limited by pain. The right knee inspection revealed moderate swelling, also range of motion demonstrated flexion to 40 degrees and extension to -40 degrees. The injured worker's prescribed medication list included avinza 120mg, avinza 30mg, nexium dr 40mg, and norco 10/325mg. It was noted that the injured worker reported that the medications had been helpful for his pain management. The injured worker's diagnoses included status-post internal derangement right knee with revision arthroplasty, knee pain, and chronic low back pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR USE OF OPIOIDS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use, On-Going Management Page(s): 91, 76-78.

**Decision rationale:** Norco is a short-acting opioid, which is an effective method in controlling chronic pain. It is also used for intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. There is a lack of clinical information provided indicating the injured worker's rate of pain without medication and with pain medication. In the absence of a detailed pain assessment, the efficacy of Norco is unclear. In addition, it was unclear if the injured worker gained any additional function from the use of the pain medication. As such, the request is not medically necessary.