

<b>Case Number:</b>	CM14-0027874		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/20/2002
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopedic Surgery 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 injured worker is a 46-year-old gentleman who was reportedly injured on July 20, 2002. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 18, 2014, indicated that there were ongoing complaints of right knee pain. Current medications were stated to include Avinza, Nexium and Norco. Without medications, pain was rated to be 10/10, and with medications it was 4/10. The physical examination demonstrated decreased lumbar spine range of motion limited by pain. The physical examination of the right knee noted moderate swelling and decreased range of motion. There was tenderness over the lateral and medial joint lines as well as the patella. Continued medication management and a home exercise program were recommended. Previous treatment included a right knee surgery in 2009. A request had been made for Norco and was certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG # 180, WITH ONE REFILL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), Opioids, long-term assessment Page(s): 88.

**Decision rationale:** A review of the medical record indicates that the injured employee has been weaning from the usage of Norco and that he is tolerating the weaning process quite well. The medical record states that the injured employee is able to function well with the usage of this medication and perform activities of daily living as well as home chores. No aberrant behavior was noted; however, considering the injured employee's weaning from this medication, it is unclear why this current request is for 180 tablets of Norco with a refill. This request for Norco is not medically necessary.