

<b>Case Number:</b>	CM14-0029611		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	05/27/2000
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiologist, has a subspecialty in 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 44-year-old female who reported an injury on 05/27/2000 due to moving a patient when her right knee popped with a sharp pain. An MRI of the right knee dated 09/13/2013 revealed no evidence of a meniscal ligamentous tear. Appearance was suggestive of a surgical procedure that involved the articular cartilage, most likely representing articular cartilage grafts that involved the lateral femoral condyle. It appeared to be both anteriorly and posteriorly. There were prominent chondromalacia changes and fissuring of all 3 compartments of articular cartilage with lateral subluxation of the patella in association with a joint effusion. The injured worker has had cortisone injections and hyaluronic injections to the bilateral knees. The physical examination on 10/01/2014 revealed complaints of stiffness, aching, pain, and discomfort worsening in the bilateral knees, the right more so than the left. It was reported that the injured worker was attempting to go to school, had severe knee pain, and had to turn around and go back home. It was also reported the knee brace was proving to be of little benefit. The examination revealed positive varus deformity of both knees, extension lag of 10 degrees right knee, 5 degrees left knee, visible effusion of both knees, crepitus with pain and discomfort on motion, and marked pinpoint tenderness medial joint with positive effusions. Diagnosis was degenerative joint disease, knee, right. The treatment plan was for unilateral Synvisc injections, and also hydrocodone 7.5/300 mg 1 by mouth every 4 hours to 6 hours as needed, quantity 100. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/300mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

**Decision rationale:** The decision for Norco 7.5/300 mg #100 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include the current pain, the least reported pain over the period since the last assessment, the average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided medical documentation lacked evidence of the injured worker's failure to respond to nonopioid analgesics. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant drug taking behaviors. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.