

<b>Case Number:</b>	CM14-0035212		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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 Internal Medicine, 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 patient is a 48 year old male who was injured on 12/31/2012 when he slipped and fell onto his knees while carrying heavy boxes. His prior medication history as of 01/30/2014 included Protonix, ibuprofen, and Norco. A progress report dated 01/30/2014 states the patient complained of right knee pain with associated weakness in the right leg. She rated the pain as 3/10 at its best and 8/10 at its worse. He reported he is functionally limited by his pain and it prevents him from physically exercising, and participating in recreation. On exam, the right knee revealed restricted range of motion with flexion limited to 125 degrees; extension limited to 0 degrees. Crepitus is noted with active movement. Tenderness to palpation is noted over the lateral joint line. McMurray's test is positive. The left knee range of motion is restricted with flexion limited to 135 degrees and extension limited to 0 degrees. Sensory examination is intact. The diagnoses are right knee pain, right knee degenerative joint disease, right knee internal derangement, and right knee lateral collateral ligament pathology and meniscal pathology. The plan is a request for a second medical opinion and physical therapy. The prior utilization review dated 02/12/2014 states the request for prescription of Norco 10/325 mg #60 was modified as the continued use of Norco is not medically necessary. It is documented that the patient experienced worsened pain while utilizing Norco; therefore this medication is no longer effective. This medication should not be abruptly discontinued so a sufficient amount of this medication will be provided for the purpose of weaning off Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norco 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- ongoing management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (74-96).

**Decision rationale:** The California MTUS recommends chronic opioid therapy for chronic pain when improved function/pain control is achieved and after conservative therapies have failed. The clinical notes document the patient has only had 1 session of PT and has not completed an exercise regimen under PT care. It is not clear that the patient has failed conservative treatment. Additionally, some of the notes indicate the patient does not have adequate pain control despite opioid analgesics. It is unclear to what extent the patient's functionality has improved with chronic opioid therapy and the duration of opioid treatment. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.