

<b>Case Number:</b>	CM14-0044171		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/30/2000
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Occupational Medicine, and is licensed to practice in North Carolina and New York. 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:

This claimant, a 58 year old woman, was injured 1/30/2000, almost 15 years ago. She is diagnosed with lumbar degenerative disc disease with facet arthropathy and cervical spine sprain/strain, and is s/p revision of right total knee arthroplasty (TKA) on 2/21/13. She has right shoulder pain with partial rotator cuff tear, treated with steroid injection. She has neck pain and lower back pain. She is appealing the 3/6/14 denial of Norco 10/325 mg #60. She is on chronic narcotic medication, since 2013. She has been on as much as 6 Norco per day, and now down to 2 per day. She is also on Voltaren, Prilosec, Neurontin, Ativan, Procardia and Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Total Knee Replacement / Chronic Pain Subsection Under Medication

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

**Decision rationale:** This patient has ongoing pain from several sources, without reduction or elimination with opioid medication, in combination with multiple other medications. She does

not appear to be working, or returning to work from the records reviewed. Ongoing narcotic medication can be prescribed if it helps in maintaining or improving function, including return to work. There is no documentation showing improvement of either function or pain on the Norco. It is not medically indicated, and the recommendation for denial is upheld.