

<b>Case Number:</b>	CM14-0045100		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 who was injured on 01/07/2003. The mechanism of injury is unknown. The patient underwent a total knee arthroscopy. Prior treatment history has included cervical epidural steroid injection on 11/15/2013. Toxicology report dated 02/12/2014 revealed negative results for medications prescribed. Follow up evaluation dated 03/14/2014 states the patient complained of bilateral shoulder pain, right lower extremity and bilateral knee pain. There was no exam for review. The patient is diagnosed with internal derangement, right knee; cervical degenerative disk disease and cervical radiculopathy; lumbar degenerative disk disease with radiculopathy, lumbar spondylosis and facet hypertrophy; myospasm with myofascial trigger points; morbid obesity. The treatment plan is Norco 7.5/325. Prior utilization review dated 03/27/2014 states the request for hydrocodone 2.5/325 mg #60, Norco 5/325 mg #60 is not authorized as the medical records provided did not support opioid pain management as the records did not document analgesic effects nor did any provide information of improvement in activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325 MG #60:** 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  
Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be indicated in the management of moderate to severe chronic pain if functional improvement is demonstrated. This is a request for Norco for a 70-year-old female injured on 1/7/03 with chronic pain, depression/anxiety, B knee OA, lumbar DDD, cervical DDD, morbid obesity, Chronic Obstructive Pulmonary Disease (COPD), and bilateral shoulder pain. However, medical records do not document objective pain reduction or clinically significant functional improvement due to use of opioids. Dependency on medical care has not decreased. Medical necessity is not established.

**HYDROCODONE 2.5/325 MG #60:** 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  
Page(s): 74-96.

**Decision rationale:** According to MTUS guidelines, opioids may be indicated in the management of moderate to severe chronic pain if functional improvement is demonstrated. This is a request for Hydrocodone for a 70-year-old female injured on 1/7/03 with chronic pain, depression/anxiety, B knee OA, lumbar DDD, cervical DDD, morbid obesity, Chronic Obstructive Pulmonary Disease (COPD), and bilateral shoulder pain. However, medical records do not document objective pain reduction or clinically significant functional improvement due to use of opioids. Dependency on medical care has not decreased. Medical necessity is not established.