

<b>Case Number:</b>	CM14-0047227		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 applicant has filed a claim for chronic knee pain and knee arthritis reportedly associated with an industrial injury of June 20, 2003. Thus far, the applicant has been treated with the following: analgesic medications; unspecified amounts of physical therapy, including aquatic therapy; earlier total knee arthroplasty; and opioid therapy. In a Utilization Review (UR) report dated April 9, 2014, the claims administrator apparently approved a request for Prilosec and Relafen while denying a request for Norco. The applicant's attorney subsequently appealed. A July 11, 2013 progress note is notable for comments that the applicant had continued complaints of pain, limitations in terms of performance of activities of daily living, was severely obese with a BMI (body mass index) of 37, and was using Prilosec, Relafen, Medrox, Ketoprofen ointment, and Theramine at that point in time. The applicant apparently elected to pursue a total knee arthroplasty. On November 11, 2013, the applicant was described as status post recent total knee arthroplasty. On April 1, 2014, the applicant reported continued complaints of pain, restriction in terms of performance of activities of daily living, and persistent functional limitations. The applicant was again described as having a BMI of 37. The applicant was using Relafen, Prilosec, Norco, and Naprosyn, it was stated. X-rays demonstrated the applicant's total knee arthroplasty was in good position. Multiple medications, including Norco, were refilled. The applicant's work status was not provided, although it did not appear that the applicant was working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant's pain complaints appear to be heightened, as opposed to reduced, despite ongoing Norco usage. The attending provider has reported on each office visit, as referenced above, that the applicant has significant functional limitations and difficulty performing activities of daily living, despite ongoing usage of Norco. The applicant's pain complaints likewise appear unabated despite ongoing usage of Norco. For all of the stated reasons, then, the request for Norco is not medically necessary.