

<b>Case Number:</b>	CM14-0051066		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Emergency 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 injured worker is a 51 year-old female, who sustained an injury on June 1, 2012. The mechanism of injury is not noted. Diagnostics have included: Urine drug screen collected on March 27, 2014, was reported as showing positive for tricyclic antidepressants, Tramadol, acetaminophen, but negative for opiates. Treatments have included: status right knee arthroscopy August 2, 2012; revision arthroscopy January 31, 2013; status post left knee arthroscopy June 2013; medications, physical therapy, Synvisc injections. The current diagnoses are: status post right knee arthroscopy August 2, 2012; revision arthroscopy January 31, 2013; residual right knee sprain with patellofemoral arthralgia; status post left knee arthroscopy June 2013 with residual sprain and patellofemoral arthralgia and medial compartment osteoarthritis; bilateral plantar fasciitis. The stated purpose of the request for Norco 5/325mg #60, was to provide pain relief. The request for Norco 5/325mg #60, was modified for QTY # 38 to initiate a weaning process on April 10, 2014, citing the need for a tapering process due to long-term opiate use with poor resolution of symptoms. Per the report dated March 17, 2014, the treating physician noted that the injured worker has persistent bilateral knee pain, is performing a home exercise program, and has pain rated at 7/10 and 8-9/10 with and without Norco. The treating physician documented ADL functionality with current opiate management. Exam findings included tenderness to bilateral medial joint lines and patellofemoral area, along with crepitus and spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-82.

**Decision rationale:** The requested Norco 5/325mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit and appropriate opiate surveillance measures. The injured worker has persistent bilateral knee pain. The treating physician has documented ADL functionality with current opiate management, with exam findings that included tenderness to bilateral medial joint lines and patellofemoral area, along with crepitus and spasm. The treating physician has not documented detailed objective evidence of derived functional benefit from previous use of this opiate, which has been prescribed for at least six months duration. The urine drug screen collected on March 27, 2014, was reported as negative for opiates. The criteria noted above not having been met, Norco 5/325mg #60, is not medically necessary.