

<b>Case Number:</b>	CM14-0060873		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/05/2003
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Physical Medicine and Rehabilitation 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 64-year-old male who reported an injury on 05/05/2003. The mechanism of injury was not provided within the medical records. The clinical note dated 06/19/2014 indicated diagnoses of right plantar fasciitis and status post right total knee arthroplasty with patella osteophytes and persistent pain. The injured worker reported pain in the right knee. Upon physical examination there was warmth about the knee. The injured worker's range of motion was from 0 to 110 degrees. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco and Voltaren. The injured worker's treatment plan included refill of prescriptions and followup appointment. The provider submitted a request for prospective Norco. A Request for Authorization was submitted for Norco, however a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Norco 5/325mg, #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, and Opioids, criteria for use Page(s): 78, 91.

**Decision rationale:** The request for Prospective request for 1 prescription of Norco 5/325 mg, #30 with 2 refills is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use, behaviors, and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the request did not indicate a frequency for the Norco. Therefore, the prospective request for 1 prescription of Norco 5/325 mg 30 with 2 refills is non-certified.