

<b>Case Number:</b>	CM14-0067750		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/25/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Pain Management and Rehabilitation and is licensed to practice in Texas. 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 61 year old female who sustained an injury on 06/25/10 while attempting to climb up into the top of a bunk bed within a truck when she twisted her left knee and felt pain. To date the injured worker has had ongoing complaints of chronic knee pain despite surgical intervention. This included debridement completed on 10/13/10. The injured worker did attend postoperative physical therapy following surgery. The injured worker was also being followed for concurrent depression symptoms secondary to chronic pain. The injured worker was also being followed for complaints of low back pain radiating to the right thigh. It is noted the injured worker eventually had a right total knee arthroplasty completed. The injured worker did receive sacroiliac joint injections in February of 2014. Due to the relief from right sided sacroiliac joint injections, the injured worker was recommended for sacroiliac joint rhizotomy in March of 2014. Recent urine drug screen report from 04/01/14 did note positive findings for hydrocodone. The clinical report from 04/07/14 noted continuing complaints of pain in the low back as well as cramping in the hand. The injured worker was also complaining of left knee symptoms. Physical examination noted continuing tenderness to palpation over the right sacroiliac joint with positive Gaenslen's and sacroiliac stress signs. The injured worker was continued on Norco 2.5/325 mg every 6 hours. The injured worker returned on 04/25/14. The injured worker continued to note complaints of pain in the right sided sacroiliac joint as well as the bilateral knees. Physical examination did note continuing tenderness to palpation over the right sacroiliac joint and lower lumbar spine. There was some loss of range of motion noted in the left shoulder. Mild weakness was noted with testing of the left shoulder rotator cuff. The injured worker described pain to the left knee with patellofemoral crepitus and range of motion. There was decreased sensation noted along the left ulnar nerve distribution with atrophy of the interosseous muscles of the left hand as compared to the right side. The injured worker was felt

to be orthopedically permanent and stationary at this evaluation. The requested Norco 2.5/325 mg #120 was denied by utilization review on 05/09/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 1/325 mg quantity 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

**Decision rationale:** The request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. There were no compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification. This would be indicated for Norco given the long term use of this medication. There is insufficient evidence to support the ongoing use of Norco. Therefore, the request for Norco is not medically necessary.