

<b>Case Number:</b>	CM14-0071996		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of work injury occurring on 07/31/13 when he fell while standing on a stool, twisting both knees. He was seen on 12/12/13 and was having difficulty ambulating. He had swelling and radiating pain. Medications were Norco and ibuprofen. An MRI of the knees on 08/01/13 showed a nondisplaced right lateral tibial plateau fracture with severe lateral compartment degeneration and advanced chondromalacia. There was a large left knee joint effusion and proximal tear of the patella ligament with mild anterior cruciate ligament sprain. He was seen for an orthopedic evaluation on 08/06/13. His history of injury was reviewed. He was having difficulty walking with throbbing pain in both knees and was using a wheelchair. Medications were Norco and ibuprofen. Physical therapy and knee braces were recommended. On 12/13/13 the claimant underwent right knee arthroscopy with chondroplasty, debridement, and partial lateral meniscectomy. He was seen for an orthopedic evaluation on 11/05/13. There was pending knee surgery. He had returned to work and was now having left knee symptoms. Physical examination findings included a right knee joint effusion with decreased range of motion and positive McMurray's testing. There was joint line tenderness and tenderness of the patella. There was left knee joint line tenderness and positive McMurray's testing. He was continued at modified duty. On 11/19/13 he had become depressed, irritable, and angry. He was requesting psychological treatment. He was seen for an orthopedic reevaluation on 12/09/13. He was having ongoing right knee symptoms with tenderness and swelling. Prior treatments had included physical therapy and bracing without improvement. Arthroscopy was planned. He was seen by the requesting provider on 12/10/13. Right knee surgery was pending. He was taking Celebrex 100 mg per day and Norco 5/325 mg two times per day as prescribed. He was seen by the requesting provider on 01/07/14. He had undergone the surgery. He was having right knee

pain. Physical examination findings included a right knee effusion with decreased range of motion, positive McMurray's testing, joint line and patellar tenderness, and there was left knee tenderness with positive McMurray's testing. Celebrex 200 mg per day and Norco 5/325 mg two times per day were prescribed. He was continued at temporary total disability. On 02/04/14 he was making progress. He had improved knee range of motion. Approval for physical therapy had been authorized. Return to restricted work is referenced. He was seen for orthopedic follow-up on 03/03/14. He was participating in physical therapy and making slow and steady progress. He was having intermittent swelling. Physical examination findings included positive patellofemoral grind testing with crepitus. Continued physical therapy was recommended. There was consideration of viscosupplementation injections. He was seen by the primary treating provider on 03/04/14. He was participating in physical therapy. He had improved range of motion. He was continuing to take medications for inflammation and pain. Physical examination findings appear unchanged.

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

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

**Hydrocodone (Norco 5/325mg) #60:** Overturned

**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): 76-80.

**Decision rationale:** The claimant is more than one year status post work-related injury and continues to be treated for right knee pain. Treatments have included arthroscopic surgery with progress with participation in post-operative physical therapy. The claimant is expected to have somewhat predictable activity-related breakthrough pain (i.e. incident pain) when standing and walking which is consistent with his history of injury and recent surgery. Norco 5/325 mg is a short-acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Norco 5/325 mg was medically necessary.