

<b>Case Number:</b>	CM14-0080847		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/17/2011
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 54-year-old female who was reportedly injured on 4/17/2011. The mechanism of injury was noted as a slip and fall. The claimant underwent left knee arthroscopic surgery on 8/6/2013. The most recent progress note dated 6/11/2014, indicated that there were ongoing complaints of low back and left knee pains. Physical examination demonstrated generalized tenderness and spasm to the lumbar spine, limited lumbar range of motion about 70% of normal, left knee effusion with tenderness to the medial/lateral joint lines and no instability. Left knee range of motion was 0-25 degrees with crepitus. No recent diagnostic imaging studies available for review. Diagnoses: Low back pain, degenerative disk disease, herniated disk, and left knee chondromalacia, osteoarthritis and meniscus tear. Previous treatment included physical therapy, trigger point and cortisone injections, lumbar epidural steroid injections, knee surgery, and medications to include Flexeril, Prilosec, Naprosyn, hydrocodone, topiramate and Lidoderm 5% patch. A request was made for hydrocodone (Norco) 10/325 mg #120, which was not certified in the utilization review on 5/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) 10/325mg, #120 (not to exceed four tablets a day):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Hydrocodone/Acetaminophen: Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78,88,91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing documentation of pain relief, functional status, appropriate medication use and side effects. There were chronic back and left knee pains after an injury in 2011; however, there is no objective clinical documentation of improvement in the pain or function with the current medication regimen. As such, the request for Hydrocodone (Norco) 10/325mg, #120 (not to exceed four tablets a day) is not medically necessary and appropriate.