

<b>Case Number:</b>	CM14-0089711		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/14/1995
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 71 year-old male. The patient's date of injury is 12/14/1995. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with chronic knee pain, hyperlipidemia, COPD, status post total right knee with 2 revisions and DJD of the knee. The patient's treatments have included surgical intervention, imaging studies, and medications. The physical exam findings dated July 24, 2014 shows the right knee exam with a well healed anterior incision site. The knee is noted to be swollen. There is laxity noted in all planes. The right knee is noted to be hot compared to the left. There is no sign of allodynia to light touch or pinprick. The patient's medications have included, but are not limited to, Norco, Oxycodone, Neurontin, Duragesic patch, and Neurontin. The request is for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty 180:** 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): 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the documentation provided, there has been no significant change in character of the pain. There has already been a recommendation for a taper. The pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.