

<b>Case Number:</b>	CM13-0023601		
<b>Date Assigned:</b>	05/21/2014	<b>Date of Injury:</b>	04/20/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male injured worker suffered and industrial injury on 4/20/2007. The diagnoses were primary osteoarthritis, lower leg and medial meniscus tear. The diagnostic studies were magnetic resonance imaging and x-rays. The treatments were Supartz injections, right knee arthroscopy, left knee arthroplasty and medications. The Utilization Review Determination on 8/14/2013 non-certified NORCO 10MG/325MG, #90 TABLETS, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10mg/325mg, #90 Tablets, To Be Taken 1 Every 6 Hours: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Patients prescribed opioids chronically require ongoing assessment of pain, functionality, any medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is improved pain and functionality and/or the injured worker

has regained employment. Typical questions regarding opioids and pain include least pain, average pain, worst pain, duration of analgesia, and time to onset of analgesia. Monitoring for aberrant drug taking behavior ordinarily takes the form of periodic urine drug testing and surveillance of pharmacy databases (Cures). In this instance, the time period concerned with this review saw the injured worker progress from a right knee meniscectomy to cortisone injections to visco-supplement injections. He had been, all the while, taking norco and naprosyn. The submitted medical record does not discuss pain levels with the exception of follow up visit after a cortisone injection to the knee. There is no discussion of functionality in terms of activities of daily living, with and without the medication. There appears to be no monitoring for aberrant drug taking behavior between 11-19-2012 through the review period of 8-14-2013. The essential elements required for ongoing opioid prescription appear to be lacking. Therefore, Norco 10MG/325MG, #90 tablets, to be taken 1 every 6 hours was not medically necessary. Because of the time that has elapsed since the date of this retrospective review, comment on potential opioid weaning is not necessary.