

<b>Case Number:</b>	CM14-0187768		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	09/25/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a female patient with the date of injury of September 25, 2012. A utilization review determination dated October 15, 2014 recommends non-certification of Norco 2.5-325 mg #60. A progress note dated October 7, 2014 identifies subjective complaints of bilateral knee pain that is increased with weight bearing, the left knee has worse pain, and the patient complains of locking of the knee left worse than right. The patient complains of low back pain with extension, and left wrist pain is manageable. The patient reports a pain level of 3 on a scale of the 0-10 with medications and a 7/10 without medications. The patient is able to perform activities of daily living with Norco, and she denies nausea, vomiting, or constipation due to the Norco. The patient describes the pain as being moderate, constant, dull, and sharp. The physical examination of bilateral knees reveals tenderness to palpation of the patella, tenderness to palpation of the medial and lateral joint lines, positive crepitus, positive grind test, and positive McMurray's test. The lumbar spine reveals tenderness to palpation of the lumbar paravertebral muscles, lumbar spine junction, positive Kemp test, and negative straight leg raise. The diagnoses include left knee scope, bilateral knee PFA, lumbar sprain/strain, and the remaining diagnoses are illegible. The treatment plan recommends awaiting AME report, request for consultation with pain management for lumbar spine facet blocks, request for a surgical consultation to consider additional left knee surgery, and a prescription for Norco 2.5-325 mg #60. A urine drug screen collected on July 16, 2014 was consistent for hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Weaning Medications Page(s): 78-80,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco 2.5/325mg #60, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain (in terms of specific examples of functional improvement and reduced NRS), there is documentation regarding side effects, and the most recent urine drug screen was consistent for Norco. As such, the currently requested Norco 2.5/325mg #60 is medically necessary.