

<b>Case Number:</b>	CM14-0190495		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	03/25/2004
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 & Rehabilitation, and is licensed to practice in Arizona & 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 58-year-old male who reported injury on 03/25/2004. The mechanism of injury was not documented within the clinical notes. The diagnoses included right total knee replacement. The past treatments included physical therapy and surgical intervention. There were no official diagnostic imaging studies submitted for review. The surgical history was noted to include right total knee replacement and left total knee replacement. The subjective complaints on 10/16/2014 included right knee pain. The injured worker rates the pain 8.5/10. The physical examination to the right knee revealed the range of motion is full and unrestricted. There is medial joint line tenderness. The Lachman's maneuver is negative. The medications were noted to include Norco 10/325 mg, Motrin 800 mg, and Ambien 5 mg. The treatment plan was to continue, and refill, the medication. A request was received for Norco 10/325 mg #120. The rationale for the request was to decrease the injured worker's pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg # 120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Guidelines state 4 domains have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. There was a lack of documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore, there is no current drug screen submitted to assess for aberrant behavior. Additionally, the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.