MAXIMUS Federal Services

| Case Number: | CM14-0191579 | | |
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| Date Assigned: | 11/24/2014 | Date of Injury: | 05/15/2001 |
| Decision Date: | 01/09/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 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, has a subspecialty in Interventional Spine 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 patient is a 70 year old female with the injury date of 05/15/2001. The patient presents with pain in both of her knees. The reports provided by the treater and the utilization review letter do not contain much information of the patient's condition. Right knee reveals mild popliteal fossa swelling. The range of right knee is restricted with 115 degrees' flexion and 0 degree's extension. Left knee reveals tenderness to palpation over the lateral joint line and medial joint line and crepitus. The range of left knee is limited with 95 degrees' flexion. McMurray's test is negative. The MRI of the right knee from 04/26/2013 reveals 1) tear of anterior horn of the anterior horn of the lateral meniscus with complex in posterior horn 2) mild patellofemoral chondromalacia 3) tricompartmental osseous spurring 4) moderate size popliteal cyst. Diagnosis on 10/16/2014 is knee pain. Per 08/21/2014 progress report, the patient is utilizing Norco 10/325mg for breakthrough pain and Voltaren 1% gel for pain control. The patient is currently working with restrictions. The utilization review determination being challenged is dated on 11/04/2014. Treatment reports were provided from 06/26/2014 to 10/16/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 78.

**Decision rationale:** The patient presents pain in her knees bilaterally. The patient is s/p arthroscopic right knee surgery and the date of operation is not provided. The request is for Norco 10/325mg #120 with 1 refill. Per the utilization review letter on 11/04/2014, the patient has been utilizing Norco since 2013. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treater prescribes Norco for breakthrough pain. Per 10/16/2014 report, the treater states Norco "decreases her pain from 9/10 to 5/10 and allows her to do all things such as taking care of 5 children, cooking, cleaning and doing their laundry. Without Norco, her function would be significantly decreased." Per 06/26/2014 progress report, the patient reports no side effect and has discussion about warning regarding opioid medication. In this case, the treater provides analgesia, ADL's and side effects. However, there is no toxicology report or other opiate management discussion addressing potential aberrant behavior. Given the lack of documentation of all 4A's, the request is not medically necessary.