

<b>Case Number:</b>	CM14-0193281		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	01/23/2003
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Internal 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:

Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated September 22, 2014, the IW complains of left knee pain. The pain is described as moderate to severe. She also noted chills, swelling, popping, stiffness, stabbing pain, tenderness, warmth, and weakness. Pain is rated 6/10. The symptoms are unchanged and constant. The symptoms are worse during and after activity. Kneeling, squatting, repetitive use, prolonged standing, walking, and climbing stairs aggravate symptoms. Ice, elevation, rest, and medications relieve the symptoms. Physical examination revealed mild effusion of the knee. She has a strongly positive McMurray's test. The medial joint is tender. The IW has been diagnosed with chronic left knee ACL tear, patellar, instability and extensive body and anterior horn medial meniscus tear, status post arthroscopy, partial meniscectomy and lateral meniscectomy, ACL reconstruction, lateral release, chondroplasty and synovectomy, May 9, 2013; recurrent pain in the left knee with normal patellar tracking on the x-ray of the left knee with no arthritis; possible medial meniscus tear based on exquisite medial joint tenderness. The authorization request is for Norco 10/325 mg #60. Documentation indicates that the IW has been taking Norco 10/325 mg since at least April 28, 2014. There were no detail pain assessments or objective physical improvement with regards to Norco for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** 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 Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker has working diagnoses of status post left knee arthroscopy with ACL reconstruction, lateral release, partial meniscectomy, chondroplasty, and synovectomy on May 9, 2013.; L4 - 5 facet arthropathy; chronic low back pain; C5 - 6 disc herniation; and intermittent right cervical radiculopathy. The progress note dated April 28, 2014 indicates the injured worker was taking Norco. The documentation does not contain objective functional improvement as it pertains to the Norco. Additionally, there are no detailed pain assessments in the medical record. Consequently, Norco 10/325#60 is not medically necessary.