

<b>Case Number:</b>	CM14-0196997		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational 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:

Patient is a 43 year-old male with date of injury 09/18/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/10/2014, lists subjective complaints as pain in the left shoulder and left knee. Patient is status post left knee arthroscopic surgery on 03/21/2014. Objective findings: No physical examination findings were documented by the provider. Diagnosis: 1. Left shoulder sprain and impingement 2. Left knee derangement 3. Painful left inguinal hernia. The medical records supplied for review document that the patient was previously taking Norco 10/325 for post-operative care. The prescription for Norco 5/325 was issued on 10/10/2014. Medication: 1. Norco 5/325mg, #60 SIG: po q 6-8hrs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Norco 5/325mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the postoperative period. Therefore, the request is not medically necessary.