

<b>Case Number:</b>	CM14-0198527		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, 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 47 year old male with the date of injury of 05/09/13. Per physician's report 10/01/14, the patient has pain in his upper back, mid back, lower back, left leg and bilateral knees. The patient had a right knee surgery and still complains of constant, burning, squeezing-type pain, worse with movement and walking. The right knee buckles but does not lock on him. The patient occasionally feels numbness and tingling in both of his legs and feet. The patient had physical therapy without any help. MRI of the right knee from 04/21/14 shows grade 1 signal at the posterior horn of the medial meniscus associated with hyaline degeneration. The patient is not currently working. The patient is taking Percocet, Omeprazole and Lyrica. The lists of diagnoses are: 1) Lumbago 2) Lumbar facet dysfunction that seems to have been aggravated by limping 3) Depression secondary to pain 4) Bilateral knee pain with degenerative joint disease and meniscus tear 5) History of surgery to the right knee 6) Left knee laxity and pain 7) Opioid dependence 8) History of gastric bypass surgery. The patient underwent urine drug screen on 08/28/14. Per 08/22/14 progress report, the patient has a lot of pain over his back. The patient has completed aqua therapy. The patient still complains of right knee pain when walking and standing. Per 07/25/14 progress report, the patient is taking medication for depression, Oxycodone, Lyrica, Naproxen and Omeprazole. The utilization review letter 10/29/14 indicates that the patient had 6 sessions of physical therapy, Cortisone shot and Synvisc shots to the right knee, which failed. Treatment reports were provided from 12/05/13 to 10/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 MG 1-2 tab by mouth as needed #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78.

**Decision rationale:** The patient presents with pain in his back and right knee. The patient is status post (s/p) right knee arthroscopy in October 2013. The request is for Norco 7.5/325mg 1-2 tabs by mouth as needed #60. The review of the reports indicate that the patient has been on other opioid, such as Oxycodone or Percocet since at least 07/25/14 and the patient appears to have not tried Norco in the past. Regarding initiating opiates, MTUS pages 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. (d) Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, the goal setting, baseline pain assessment and baseline functional assessment are not performed. The utilization review letter on 10/29/14 indicates that the treater requested Norco for pain. There is no discussion regarding why another opiate is being tried and what the issues the other opioid incur. There is no discussion as to whether or not the other opiates have worked in terms of pain and function. The request is not medically necessary.