

<b>Case Number:</b>	CM14-0199329		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 61 year old male with an injury date of 12/03/12. Based on the 10/20/14 progress report, the patient complains of right knee pain. The patient has buckling, give way and locking on knee. The patient is difficult to stand and the pain aggravates after sitting 30 minutes. The patient has residual headache and pain in right neck, shoulder, and low back. The patient also has intermittent paresthesias on right hand. Physical exam shows that the right knee trace to 1+ effusion and has very tender muscle. McMurray test is positive and the range of motion is 0-120. Ant. drawer is 1+ loose. The diagnoses are 1. Medial meniscus tear, right knee (S/P right knee arthroscopy 10/2/13) 2. Labral tear, right shoulder (S/P right shoulder arthroscopy 03/29/13) 3. Lumbar S/S disc protrusion L4-54. Cervical S/S, spondylosis Per 09/08/14 and 07/25/14 reports noted that the pain level rated at 7-8/10. According to QME report dated 08/11/14, the current medications are hydrocodone, nortriptyline, Naprosyn, and Flexeril. The treating physician is requesting for Norco 10/325mg per 10/20/14 report. The utilization review determination being challenged is dated 10/30/14. The requesting physician provided treatment reports 07/25/14-10/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** 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 medication for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 88, 89, 78.

**Decision rationale:** This patient presents with headache, pain in neck, right shoulder, low back, and right knee. The request is for Norco 10/325mg. Review of the reports does not provide when the patient started the medication. Per 10/20/14 report, the treating physician noted that the patient needs to "refill" Norco. No other discussions are provided regarding this medication. For chronic opiate use, the MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or a validated instrument at least once every 6 months. The documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, etc. In this case, the treater does not address the four A's including analgesia with the use of before and after pain scales; specific ADL's to show significant functional improvement; adverse effects and aberrant drug behavior monitoring such as urine toxicology, CURES, etc. No outcome measures were provided either as required by MTUS. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in the MTUS Guidelines. The request is not medically necessary.