

<b>Case Number:</b>	CM14-0201864		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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:

This is a 36 year old male who suffered a work related injury on 09/25/2004. Diagnoses include right knee pain with arthroscopy for medial meniscal tear in 2007, obvious laxity and instability about the right knee with stress testing, depression and anxiety disorder in the way of major depression related to industrial onset. He has a past history of methicillin resistant staphylococcus Aureus infection, skin abscesses in the leg, hypertension, diabetes and hypogonadism. The physician progress note dated 11/04/2014 documents the injured worker continues to complain of right knee pain. The knee pain is throbbing, and rated as 9-10 today, and at best 4-10 with medications. He reports a 50% reduction of pain with medications and a 50% improvement in activities with medication. His right knee is very swollen. He can actively flex 90 degrees, extend 5 degrees. Stability test reveals laxity in excess of all planes, particularly with anterior drawer sign and valgus maneuver. There is crepitus on passive range in flexion to extension. McMurray sign is positive for audible clicking in the medial aspect of the knees. There is disuse atrophy in the thigh and calf, by comparison to the left counterpart. The treatment request is for Norco 10/325mg, # 240. Utilization Review on 11/24/2014 modified the request for Norco 10/325mg, # 240, to Norco 10/325mg, # 80 between 11/04/2014 to 01/20/2015. Cited was California Chronic Pain Medical Treatment Guidelines-Opioids. Evidence based guidelines recommend Norco is for relief from moderate to severe pain. With evidence of pain relief and functional improvement, the guidelines support ongoing use of an opioid. The request for Norco is indicated for the purpose of weaning only at this time. The patient reported findings of 50% pain relief and functional improvement with his medications. Records also indicate the injured worker has been prescribed Norco since 2012, but continued to report significant functional deficits as well as increased pain levels in the right knee. This does not indicate the substantiated, sustained pain relief necessary to warrant the continuation of

opioid treatment according to guidelines. Records revealed no objective evidence of improvement of activities of daily living attributed to Norco use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**(1) Prescription of Norco 10/325mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

**Decision rationale:** Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been using Norco since at least July 2012 and has not obtained analgesia. Criteria for long-term opioid use have not been met. The request should not be medically necessary.