

<b>Case Number:</b>	CM14-0210583		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/12/2000
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 57-year-old male presenting with a work-related injury on 12 2000. On November 14, 2014 the patient complained of the left knee pain, weakness and numbness. The pain was rated a 7/10 without medications and a 3/10 with medications. The patient's medications included Flexeril, tramadol, and Norco. The patient reported that the medications were helpful. The physical exam was significant for knee joint tenderness, reduce range of motion and left lower leg significant atrophy and limping, inability to dorsiflexion left foot against resistance and normal deep tendon reflexes. The patient was diagnosed with chronic left knee pain, chronic pain syndrome, left knee replacement, spinal cord stimulator implant, peroneal nerve palsy, flexion contracture of left knee and gait abnormality.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325mg #120 for DOS 11/14/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Retrospective Norco 10/325mg #120 for DOS 11/14/2014 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. Additionally, this medication was prescribed in conjunction with other opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.