

<b>Case Number:</b>	CM14-0085753		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 male patient with a date of injury of August 1, 2013. A utilization review determination dated June 6, 2014 recommends non-certification of Norco and tramadol. A progress note dated May 21, 2014 identifies subjective complaints of unstable going downstairs and persistent pain. The physical examination reveals increase back pain and right knee MSLT/McMurray. The diagnoses include right knee meniscus tear and right knee chondromalacia. The treatment plan recommends future scope and recommends that the patient proceed with Orthovisc for right knee after kidney stone removal. A urine drug screen collected on March 6, 2014 where is positive for alcohol, acetaminophen, hydrocodone, and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco of unspecified dose and quantity (Rx [REDACTED] 05/09/14) QTY: 1.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 78, 80, 48. Decision based on Non-MTUS Citation Ballantyne, 2006; Furlan, 2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, the most recent urine drug screen was positive for alcohol, which can cause adverse effects in people using opioids. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Norco is not medically necessary.

**Tramadol of unspecified dose and quantity (Rx [REDACTED] 05/09/14) QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81, 78, 80, 48. Decision based on Non-MTUS Citation Ballantyne, 2006; Furlan, 2006

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for tramadol, California Pain Medical Treatment Guidelines state that tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, the most recent urine drug screen was positive for alcohol, which can cause adverse effects in people using opioids. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested tramadol is not medically necessary.