

<b>Case Number:</b>	CM15-0002515		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	01/02/1980
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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

### 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 injured worker is a 67-year-old male who reported an injury on 01/02/1980 due to an unspecified mechanism of injury. On 11/18/2014, he presented for a followup evaluation. He continued to report severe low back pain and stiffness, but stated that he felt better motion and less pain in the left knee since he had undergone a Synvisc injection. A physical examination showed lumbar spine tenderness with a trigger point of pain with twitch response of palpation to the low back on the right side. There was -10 degrees from full extension of the left elbow and lateral epicondylar pain. An unofficial x-ray of the left knee reportedly showed a 2 mm joint space narrowing medially and degeneration of the left knee. He was diagnosed with back lumbosacral sprain, status post left elbow degeneration of the left knee, and postoperative right total knee replacement. The treatment plan was for Norco 10/325mg (through [REDACTED]) between 12/18/2014 and 3/23/2015. The rationale for treatment was not provided for review. The request for authorization was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (through [REDACTED]) between 12/18/2014 and 3/23/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco), Opioids, When to Continue and W.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding multiple body parts. However, there was a lack of documentation showing efficacy of the requested medication with a quantitative of decrease in pain and an objective improvement in function with use to support the medication through the requested dates. In addition, the frequency and duration of the medications was not provide within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.