

<b>Case Number:</b>	CM15-0006084		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	09/25/2004
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 36 year old male who sustained a work related injury to the right knee on September 25, 2004. There was no mechanism of injury documented. The injured worker underwent arthroscopy for medial meniscus tear in 2007. According to the primary treating physician's progress report on December 1, 2014 the patient continues to experience throbbing, chronic right knee pain. On examination the right knee was swollen with stability test revealing laxity in all planes. Flexion was at 90 degrees and extension 5 degrees. An audible click medially was noted along with diffuse atrophy in the right calf and thigh. Current medications consist of Methadone 10 mg 4 times a day, Prozac, Abilify and Norco. Current treatment modalities consist of a DonJoy knee brace, transcutaneous electrical nerve stimulation (TEN's) and medication. The treating physician requested authorization for Norco 10/325mg #240. On December 23, 2014 the Utilization Review modified the authorization for Norco 10/325mg #240 to Norco 10/325mg #62. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg, 240 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient is already receiving opiate treatment with Methadone 10 mg QID. The request is for additional Norco treatment. MTUS, on-going opiate treatment criteria requires objective documentation of analgesia, improvement in activities of daily living or work, monitoring for adverse effects and monitoring for drug seeking abnormal behavior. The documentation provided for review did not meet MTUS criteria and Norco - in addition to Methadone - is not medically necessary for this patient.