

<b>Case Number:</b>	CM15-0107415		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	01/30/2015
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Massachusetts 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 33 year old female with a January 30, 2015 date of injury. A progress note dated April 22, 2015 documents subjective findings (knee pain; right knee hypersensitive to light touch medial and distal to the patella), objective findings (decreased range of motion of the right knee; pain with range of motion of the right knee; allodynia right medial knee), and current diagnoses (right knee pain; chronic regional pain syndrome). Treatments to date have included medications and imaging studies. The treating physician documented a plan of care that included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** 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 (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work injury in January 2015 and is being treated for a right knee pain. When seen, there was a normal BMI. There was ongoing pain with weight bearing or range of motion and tenderness to light touch. There was decreased and painful right knee range of motion. There was right medial knee allodynia. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. Norco

(Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.