

<b>Case Number:</b>	CM15-0108043		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/04/2014
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, 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:

The injured worker is a 30-year-old male, who sustained an industrial injury on August 4, 2014. The injured worker was diagnosed as having chronic knee pain. Treatment to date has included physical therapy, Ultracet, Motrin and Zanaflex. A progress note dated April 23, 2015 provides the injured worker complains of left knee pain. He reports since physical therapy has ended his pain is increased and Ultracet is no longer effective. He is asking for Norco. He reports sensation of his left knee buckling and giving out. Physical exam notes bilateral knee tenderness with left knee crepitus. The plan includes Motrin, Norco, discontinuing Zanaflex and Ultracet, physical therapy, knee support and follow-up. A progress report dated April 23, 2015 recommends a trial of Norco since Ultracet was denied. Notes previously indicated that Ultracet was reducing the patient's pain and improving function with no intolerable side effects. A progress report dated June 1, 2015 recommends a serum drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it 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, it appears that this medication is currently being initiated. The patient's previous medication was improving pain and function, and documentation that the new medication is improving pain and function will be required for ongoing use. The requesting physician is noted to request testing to decrease the risk of aberrant use. As such, the currently requested Norco is medically necessary.