

<b>Case Number:</b>	CM15-0130436		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	11/11/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 76 year old male who sustained an industrial injury on 11/11/11. Progress report dated 6/3/15 reports continued complaints of knee and low back pain. He had right total knee arthroplasty 2 years ago and has chronic left knee pain due to osteoarthritis. He ambulates with a cane and a walker occasionally. He has increased pain with prolonged standing, walking, and climbing stairs. The pain is alleviated with medication, ice, activity modification and exercises. Diagnoses include: status post right total knee arthroplasty, left knee degenerative joint disease status post left partial medial meniscectomy and low back pain status post L4-S1 fusion. Plan of care includes: continue follow up with treating doctor for right knee, regarding left knee continue conservative measures including activity modification, ice, medication and exercise to avoid joint replacement, continue use of cane and walker, continue Norco 10/325 mg 1-2 every 8 hours as needed for pain #50, 3 refills, continue meloxicam and undergo routine labs to monitor adverse effects to medication. Follow up in 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #50 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Opioid use should not exceed two weeks. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. 1 prescription of Norco 10/325mg #50 with 3 refills is not medically necessary.