

<b>Case Number:</b>	CM15-0138176		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60-year-old female, who sustained an industrial injury on 10/20/2010. Diagnoses include chondromalacia of patella, unspecified disorder of joint lower leg, disorders of bursae and tendons in the shoulder region unspecified, and bicipital tenosynovitis. Treatment to date has included a right knee brace and medications including Norco for pain management. Per the Primary Treating Physician's Progress Report dated 5/29/2015, the injured worker reported right knee pain rated as 7/10 in severity on a 0-10 subjective scale. She also reports right elbow pain rated as 5/10. She is pending a right knee total replacement. She reports a 50-70% reduction in pain with the use of prescribed Norco. Physical examination of the right knee revealed active extension to 0 degrees and flexion to 80 degrees. She was capable of reaching some 90 degrees in passive flexion; however, this did elicit some moderate discomfort over the medial and lateral tibio femoral joint spaces. She was also somewhat hypersensitive to palpation over the medial and lateral tibio femoral joint space. The plan of care included medication management and authorization was requested for Norco 7.5/325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #120 (1 tablet every 6 hours as needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco 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, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.