

<b>Case Number:</b>	CM15-0139188		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	07/24/2013
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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:

The injured worker was a 42 year old male, who sustained an industrial injury, July 24, 2013. The injured worker previously received the following treatments Norco, Tramadol, 2 nerve block injections in the left knee, 2 nerve blocks in the lumbar spine, physical therapy for the left knee and lumbar spine and lumbar spine brace. The injured worker was diagnosed with lumbar spondylosis, radicular low back pain; status post left knee arthroscopic surgery. According to progress note of May 14, 2015, the injured worker's chief complaint was left knee discomfort. The injured worker denied taking anti-inflammatory medications or Norco for pain. The injured worker denied limited range of motion, locking, catching, instability or swelling. The injured worker's current medications were Tylenol and Zarelto. The physical exam noted the injured worker was wearing a lumbar spine brace. The injured worker was taking over the counter anti-inflammatory medications as needed. The treatment plan included prescription for Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in July 2013 and continues to be treated for left knee and low back pain. Treatments have included a left knee arthroscopic meniscectomy, geniculate nerve block, radiofrequency ablation treatment of the lumbar facets, and a recent lumbar epidural injection. When seen, he was 10 days status post the epidural injection and had a worsening of symptoms. Physical examination findings included medial joint line tenderness with decreased range of motion and an antalgic gait. There was a mild knee joint effusion. Active medications being prescribed by the requesting provider include Norco and tramadol. Medications are referenced as being taken as needed and with good relief. The claimant has not returned to work. 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 is less than 120 mg per day, there is no documentation that this medication is providing decreased pain through reported VAS scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.