

<b>Case Number:</b>	CM15-0142259		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Emergency 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 56 year old female who sustained an industrial injury on 5-3-11. The injured worker was diagnosed as having lumbar strain secondary to gait impairment, multilevel mild disc protrusions, status post partial lateral meniscectomy, synovectomy and resection of the medial plica, status post right total knee arthroplasty, left ankle sprain-strain and chronic lumbar strain. Currently, the injured worker reported pain in the lumbar spine, right knee and left ankle. Previous treatments included status post right total knee arthroplasty, oral pain medication, psychological evaluation, use of a cane, physical therapy, acupuncture treatment, topical medications, and injection therapy. Previous diagnostic studies included a magnetic resonance imaging, computed tomography and radiographic studies. The injured work status was noted as currently not working. The injured workers pain level was noted as 9 out of 10 in the low back and right knee and 7 out of 10 in the left knee. Physical examination was notable for ambulating with a cane, lumbar spine with tenderness to the midline, limited range of motion due to pain, right knee and left ankle with tenderness and limited range of motion due to pain. The plan of care was for Hydrocodone-APAP 10-325 milligrams 1-2 tables every 8 hours quantity of 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg 1-2 tables every 8 hours #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-79.

**Decision rationale:** Norco is acetaminophen and Hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. While there is documentation of improvement in pain as per VAS, there is no documentation of any objective improvement in functional status and patient continues to be off work. There is also a provided urine drug screen provided that was positive for benzodiazepines and hydromorphone which is not noted to be prescribed by the treating provider. Due to lack of objective function improvement and inconsistent urine drug screen with no explanation of result by provider, Norco is not medically necessary.