

<b>Case Number:</b>	CM15-0143045		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	10/08/2011
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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

### 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 61-year-old male who sustained an industrial injury on 10-08-2011. The injured worker was diagnosed with right knee meniscus tear; status post left knee and lumbar surgery, neurogenic bladder and sexual dysfunction. The injured worker is status post left knee arthroscopy in 2013 and left total knee replacement in July 2014 and lumbar laminectomy and discectomy L4-L5 and L5-S1 (no date documented). Treatment to date has included diagnostic testing, surgery, urology consultation, physical therapy and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience progressive right knee pain. The injured worker reported his left knee is improving since surgery with some weakness remaining. The lower back pain radiates to both legs with numbness and weakness. Examination of the left knee noted range of motion as flexion at 115 degrees and extension at 0 degrees. The right knee demonstrated medial joint line tenderness on the right with a positive chondromalacia patellar compression test. Extension on the right was 180 degrees and flexion on the right was 120 degrees. McMurray's test was positive. The lumbar spine examination demonstrated tenderness and spasm of the lumbar paraspinal muscles with hypoesthesia at the anterolateral aspect of the foot and ankle at L4, L5 and S1 bilaterally. Motor strength was 4 out of 5 bilaterally at foot dorsiflexors, evertors and knee extensors. Range of motion of the lumbar spine was noted as flexion at 50 degrees, extension at 20 degrees, bilateral bending at 25 degrees each and positive straight leg raise at 75 degrees with L5-S1 distribution. Current medications were listed as Norco 10mg-325mg and Cialis. Treatment plan consists of lumbar epidural steroid injection, update lumbar spine magnetic resonance imaging (MRI), authorized right total knee replacement and the current request for Norco 10mg-325mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg q 12 hours #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 78-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

**Decision rationale:** This patient is status post left TKR in July of 2014 and continues to complain of pain. The current request is for Norco 10/325mg q 12 hours #60. The RFA is dated 06/23/15. Treatment to date has included diagnostic testing, surgery, urology consultation, physical therapy and medications. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to progress, report 05/12/15, the patient presents with moderate to severe right knee pain. The left knee is improving following a TKR in July of 2014. The patient also complains of low back pain with radiation to both legs with numbness and weakness. The treater recommended a TKR for the right knee, a LESI and refill of medications including Norco and Cialis. The patient has been utilizing Norco since at least 12/23/14. In this case, there is no specific discussion regarding medication efficacy. There is no documentation of specific functional improvement, changes in ADL's or change in work status with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain, either. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.