

<b>Case Number:</b>	CM15-0144255		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 59 year old male, who sustained an industrial injury on April 18, 2012. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having medial meniscus tear. Treatment to date has included knee arthroscopy, medication, knee brace, x-ray, home exercise program (HEP) and physical therapy. A progress note dated June 17, 2015 provides the injured worker complains of right knee pain rates 8-9 out of 10 with numbness. Physical exam notes decreased range of motion (ROM) with effusion. There is positive patellar grinding. The plan includes Norco and lab work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Norco 7.5/325mg:** Upheld

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

**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, 90.

**Decision rationale:** The 59 year old patient presents with patellofemoral chondromalacia and tricompartmental osteoarthritis of the knee, as per progress report dated 06/17/15. The request is for 90 NORCO 7.5/325 mg. The RFA for the case is dated 06/17/15, and the patient's date of injury is 04/18/12. The patient is status post right knee scope on 11/19/14, and has a history of prior scope on 06/04/12, as per progress report dated 06/17/15. As per progress report dated 05/04/15, the patient also suffers from left ankle pain. Current medications included Naproxen, Meloxicam, Hydrochlorothiazide, Atenalol, Amlodipine, and Aspirin. The patient is temporarily totally disabled, as per progress report dated 06/17/15. 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 p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, majority of the progress reports are handwritten, poorly copied, and illegible. A prescription for Norco has been noted consistently at least since 03/22/15. In progress report dated 06/17/15, the treater states that with the help of medications, the patient is able to walk and stand hour when compared to 1/10 hour without medications. The patient is also able to perform household work, home exercises, and self-care more effectively. There are no side effects and aberrant behavior. The treater is also requesting for UDS in the same report but the results of this or any other UDS test are not available for review. The progress report does not document the findings of a CURES report as well. Additionally, the treater does not discuss the impact of the opioid medication on pain using a pain scale in the 06/17/15 progress report. A prior report dated 05/07/15 states that the patient's pain is rated at 8/10 with medications and 9/10 without medications but this difference is not very significant. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, the request IS NOT medically necessary.