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| <b>Case Number:</b>   | CM15-0147547 |                              |            |
| <b>Date Assigned:</b> | 08/10/2015   | <b>Date of Injury:</b>       | 08/20/2013 |
| <b>Decision Date:</b> | 09/10/2015   | <b>UR Denial Date:</b>       | 07/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/29/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 20, 2013. In a Utilization Review report dated July 18, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on July 8, 2015 and an associated progress note dated June 29, 2015 in its determination. The applicant's attorney subsequently appealed. On April 6, 2015, applicant reported 9/10 knee pain complaints. The applicant was working at a rate of 4 hours a day, it was reported. The applicant was using a cane to walk. The applicant had undergone multiple knee surgeries, it was reported. A 10-pound lifting limitation was endorsed. On June 1, 2015, it was again stated that the applicant was working at a rate of 4 hours a day, with restrictions in place. The applicant was pending knee surgery and was using a cane to move about, it was reported. The attending provider contended that the applicant's pain scores were being appropriately reduced with ongoing medication consumption. The applicant was reportedly using Motrin and Norco for pain relief, it was suggested. On June 29, 2015, the applicant was described as having undergone a fourth knee surgery. The applicant was using Motrin and Norco for pain relief, the latter of which is refilled. The applicant was kept off work on this date. The applicant was using a knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

**Decision rationale:** Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco (hydrocodone-acetaminophen) are indicated in the treatment of moderate-to-moderately severe pain. Here, the request in question was initiated on June 29, 2015, i.e., some three weeks removed from the date the applicant had undergone earlier knee surgery on June 29, 2015. The applicant could reasonably or plausibly be expected to have pain complaints in the moderate-to-moderately severely range some three weeks removed from the date of the applicant's fourth knee surgery of June 8, 2015. Ongoing usage of Norco was indicated to combat the same. Therefore, the request was medically necessary. While this was, strictly speaking, a postoperative request as opposed to a chronic pain request, MTUS 9792.23.b2 stipulates that the postsurgical treatment guidelines in section 9792.24.3 shall apply together with any other applicable treatment guidelines found within the MTUS. Since page 91 of the MTUS Chronic Pain Medical Treatment Guidelines did address the topic at hand, it was therefore invoked.