

<b>Case Number:</b>	CM15-0148803		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	09/17/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 28-year-old male, with a reported date of injury of 09-17-2014. The mechanism of injury was the rolling and twisting outwards of his right foot and right ankle, and the twisting of his right knee while stepping out of his work truck. The injured worker's symptoms at the time of the injury included right foot, right ankle, and right knee pain. The diagnoses include right hip sprain and strain, status post right knee surgery, right ankle sprain and strain, and headaches. Treatments and evaluation to date have included right knee diagnostic arthroscopy with ACL (anterior cruciate ligament) reconstruction, partial medial meniscectomy, synovectomy, and intra-articular injection on 01-27-2015; home exercise program, and postoperative physical therapy. The diagnostic studies to date have included an MRI of the right hip with left hip for comparison on 04-22-2015 which showed normal findings. The progress report dated 06-11-2015 indicates that the injured worker returned for a follow-up evaluation of constant headaches, occasional right hip pain, occasional right knee pain, and occasional right ankle and foot pain. The headaches were rated 7 out of 10; the right pain rated 4 out of 10; the right knee pain was rated 8 out of 10; and the right ankle and foot pain was rated 5 out of 10. The injured worker also complained of anxiety, depression, and stress. The objective findings included right hip flexion at 75 degrees, right hip extension at 20 degrees, right hip abduction at 20 degrees, right hip internal rotation at 25 degrees, right hip external rotation at 30 degrees, right knee flexion at 120 degrees, right knee extension at 0 degrees, right ankle plantar flexion at 25 degrees, right ankle dorsiflexion at 15 degrees, right ankle inversion at 25 degrees, and right ankle aversion at degrees. The treatment plan included a prescription of Norco to be taken as

needed for moderate to severe pain. The injured was temporarily totally disabled until 07-30-2015. The treating physician requested Norco 10-325mg #30.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 05-07-2015. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There is no evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.