

<b>Case Number:</b>	CM15-0149964		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47-year-old male who sustained an industrial injury on 12-5-11. The injured worker reported that while performing his job duties, he stepped in a hole, causing his right knee to twist. He complained of immediate pain in the right knee was seen by medical personnel. According to the Qualified Medical Examination (QME) dated 3-6-15, the injured worker had previous surgeries of the right knee. He was found to have "strenuous injuries" to the knee and an MRI was performed, showing chondromalacia and meniscus blunting. Another MRI of the right knee was completed, showing moderate osteoarthritis of the right knee. The injured worker was noted to "have problems with both knees for many years". He has had previous orthoscopic surgeries for the right knee, as well as the left knee. A recommendation was made that the injured worker was in need of further surgery. He underwent orthoscopic surgery lateral meniscectomy on 8-29-12. However, due to persistent pain, he underwent a right total knee arthroplasty on 11-26-12. He continued to have stiffness of the joint and underwent manipulation of the right knee under anesthesia on 2-20-13, and with continued stiffness, he underwent excision of scar and polyethylene exchange of the right knee on 7-10-13. He had another manipulation of the right knee under anesthesia on 12-18-13 due to "problems with range of motion". He continues to "have problems" with the right knee. He does not use any supportive measures, such as a brace, cane or crutches. His diagnoses include status-post right total knee replacement with poor results related to work injury of 12-5-11, left knee strain as a compensable result of status-post right total knee replacement, history of left knee surgeries, multiple in the past, history of gastric bypass, obesity, bilateral hip strain and lower back strain

as a compensable result of status- post right total knee replacement. He was referred to a knee joint specialist. The May 2015 office visit indicates that the injured worker continued to complain of right knee pain and was using pain creams with "temporary relief". He had also been taking Percocet with pain improvement. He was referred to a pain specialist. In June 2015, he continued to complain of right knee pain. He reported that he had a recent fall, landing on the injured knee. He indicated that he "was sore" and "had discomfort for a couple of days", but that the symptoms had improved. He was noted to have weakness in the knee. The injured worker "had been seen for a second opinion" and was recommended to have a revision of the total knee arthroplasty. The requested service is for Norco. Included in all progress notes reviewed, it is noted that the injured worker is allergic to Vicodin.

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

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

**Norco 10/325 MG Qty 150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used without documentation of functional improvement or improvement of activity of daily living. There is no evidence of compliance of the patient with his medication. Therefore, the prescription of Norco 10/325mg #150 is not medically necessary.