

<b>Case Number:</b>	CM15-0167671		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Family Practice

### 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 39-year-old male, who sustained an industrial injury on 10/10/14. The injured worker has complaints of mid low back and right knee pain. The documentation noted that there is +3 tenderness to palpation of the lumbar paravertebral muscles and bilateral sacroiliac joints and muscle spasm of the lumbar paravertebral muscles. The documentation noted there is +3 tenderness to palpation of the medial knee and lateral knee. The diagnoses have included status post right knee surgery; disc protrusion, lumbar, compensatory and muscle spasm, lumbar compensatory. Treatment to date has included aqua therapy; physical therapy; HEP; right knee arthroscopy partial; Norco and Ambien. The request was for Norco 10-325mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** The long-term use of opioids is not supported per the MTUS guidelines due to the development of habituation, tolerance and testosterone imbalance in men. In this case, the injured worker is a 39 year old male who underwent knee surgical intervention in April 2015. By now, the injured worker should have been weaned from opioids and the medical records note that Utilization Review has allowed for modification for weaning purposes. The medical records also do not establish evidence of significant subjective or objective functional improvement to support the ongoing use of Norco. Per the MTUS guidelines, "A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. (Eriksen, 2006)." The request for Norco 10/325mg #90 is not medically necessary and appropriate.