

<b>Case Number:</b>	CM15-0169210		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/02/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Iowa

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 injured worker is a 59-year-old female, who sustained an industrial injury on 12-2-10. The injured worker has complaints of right knee pain. The documentation noted that the injured workers motion is still stiff. The documentation noted the injured worker has soreness and range of motion is 0 to 100 degrees and she has mild soft tissue swelling. The diagnoses have included status post arthroscopic debridement right knee with continued arthrofibrosis and pain in joint involving lower leg. Treatment to date has included arthroscopic debridement right knee on 5-22-15; physical therapy; cortisone shot; Norco and MS Contin. The utilization review (7-30-15) denied a request for Norco 10-325mg quantity 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg QTY: 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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for chronic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Opioids.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is no evidence of failure of first-line therapy or an indicated diagnosis. One note dated 6-3-2015 states that the Norco is "not helping", and more recent documentation (7-25-2015) does not include the reported pain over time or specific functional improvement while on this medication. The documentation does state that the pain is better, but it is unclear if this is due to the recent procedure and recovery or medication use. Also, a prescription of quantity 90 indicates intent for long-term, chronic use and the frequency of follow-up to continuously evaluate is unclear. Therefore, the request for Norco 10/325 mg #90 is not medically necessary.