

<b>Case Number:</b>	CM15-0169279		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/29/2015
<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: 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 injured worker is a female, who sustained an industrial injury on 3-21-2006. The injured worker was diagnosed as having history of complex regional pain syndrome, bilateral knee internal derangement, bilateral lower extremity pain, bilateral knee pain, status post right knee arthroscopy. The request for authorization is for Norco 10-325mg #120. The UR report dated 7-29-2015 provided a modified certification of Norco 10-325mg #60. On 8-6-2014, she reported bilateral lower extremity pain. She rated her right knee pain 7-10 out of 10, left knee pain as 7 out of 10. She is seen utilizing a cane for ambulation. She indicated she did not wish to have synvisc injections and would like to pursue surgical intervention. On 4-29-2015, she reported bilateral knee pain. She rated the pain 9-10 out of 10 which is reduced to 4 out of 10 with medications. She reported medications allow her to do her activities of daily living such as bathing and dishes. On 6-17-2015, she reported bilateral knee pain. She rated her knee pain as 9-10 out of 10 which is decreased to 4 out of 10 with medications. She indicated being able to do dishes, bathe, and drive with the use of medications. She has been utilizing a cane for ambulation for 8 years and is now reporting bilateral shoulder pain, and wrist pain. Physical findings noted a positive McMurray sign bilaterally, and tenderness to the bilateral knees. The treatment to date has included: right knee surgery, Medications including: Voltaren gel, Norco 10-325mg one tablet 4 times daily, Klonopin; TENS unit; right knee surgery. Diagnostic testing has included: Periodic urine drug screening; magnetic resonance imaging of the left knee (6-14-2015); magnetic resonance imaging of the right knee (6-14-2015), a urine drug screen (10-20-2014) was noted to not show Klonopin, and was positive for THC and nicotine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** 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 for chronic pain.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. This medication was previously recommended for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #120 is determined to not be medically necessary.