

<b>Case Number:</b>	CM15-0183565		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old female with a date of injury of June 14, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for chondromalacia patella of the knee, and knee pain. The documentation shows that the injured worker underwent a partial left knee arthroplasty on April 16, 2014. Medical records dated May 28, 2015 indicate that the injured worker complains of right shoulder pain rated at a level of 7 to 8 out of 10, left knee pain rated at a level of 6 out of 10, and lower back pain rated at a level of 2 out of 10. A progress note dated August 5, 2015 notes subjective complaints of left knee pain rated at a level of 6 out of 10 that will increase to 10 out of 10, intermittent knee swelling, and pain in the back of the knee that travels to the buttock. Per the treating physician (May 28, 2015), the employee has returned to full duty work. The progress note dated August 5, 2015 documented a physical examination that showed the knee warm to the touch, no specific tenderness, left knee flexion of 120 degrees, extension of 0 degrees, and positive patellar grind. Treatment has included partial left knee replacement, twelve sessions of postoperative physical therapy, and medications (Norco 10-325mg one to two every four to six hours as needed since at least May of 2015; Neurontin 300mg twice a day as of August of 2015; Tramadol 50mg one to two by mouth every four to six hour as needed and Mobic 15mg once a day since at least January of 2015). The original utilization review (August 20, 2015) partially certified a request for Norco 10-325mg #18 to allow for weaning (original request 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 10/325 mg #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, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, pain treatment agreement.

**Decision rationale:** Review indicates the request for Norco was modified for weaning purposes. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2007 injury with last surgery in April 2014, currently without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325 mg #90 is not medically necessary and appropriate.