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| <b>Case Number:</b>   | CM15-0183974 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 04/19/1999 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/01/2015 |
| <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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on 4-19-99. The injured worker has complaints of constant low back pain with a pain level of 7 out of 10; right and left knee pain with a pain level of 5 to 6 out of 10 and right shoulder pain with a pain level of 7 out of 10. Lumbar spine examination revealed midline tenderness, spasm and tightness in the paralumbar musculature; motion is reduced; there is range of motion loss; there is decreased strength and motor power with forward flexion and there is difficulty with sciatic stretch, which is 55 to 60 degrees. The diagnoses have included left knee arthrosis, post meniscectomy arthritis; status post left knee arthroscopy and meniscectomy, partial chondral debridement, and thermal excision of patella plica; status post left knee arthroscopy, partial meniscectomy; right knee internal derangement; lumbar discopathy; right shoulder impingement syndrome, rule out rotator cuff tear; mild shoulder impingement syndrome and significant spinal discopathy. Treatment to date has included norco; tylenol #3 and left knee arthroscopy. The original utilization review (9-1-15) non-certified the request for norco 10-325mg #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 101/325mg #60 with 3 refills: 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.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. In this case, Norco has been denied on several previous occasions based on a lack of overall functional improvement. Therefore, the request for Norco 10/325 mg #60 with 3 refills is not medically necessary.