

<b>Case Number:</b>	CM15-0192559		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/08/2013
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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, North Carolina  
 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 57 year old female who sustained an industrial injury on 04-08-2013. Medical records indicated the worker was treated for bilateral knee pain. In the provider notes of 08-12-2015, the worker takes Ibuprofen and states it helps reduce her pain from 8 on a scale of 1-10 to 6-7 on a scale of -10. She had an arthroscopic right knee surgery for partial meniscetomy and chondroplasty on 02-14-2014, with physical therapy and cortisone injection to the right knee 09-17-2014 with some benefit, but continued to have right knee pain. A specialist last seen on 07-29-2015 recommended a total knee arthroplasty for the right knee, which has been denied. She reports an increase in anxiety and depression. Her work could not accommodate the current restrictions. The knee pain worsens during the day and there is locking of the right knee when walking and an intermittently swelling and cracking sensation. MRI of the left lower extremity joint without contrast (04-17-2015) showed a vertical oblique tear of the peripheral one third of the posterior horn of the medial meniscus on the left knee. The lateral meniscus is intact. There was a 7 mm x5 mm full-thickness chondral defect at the central weight-bearing portion of the left knee lateral femoral condyle, and a corresponding moderate-grade chondral loss and full thickness chondral fissuring at the posterior weight bearing surface of the left knee lateral tibial plateau with prominent subchondral cystic changes and bone marrow edema of the subchondral bone. The worker is taking Norco at bedtime for pain and reports continued relief of her pain with Norco. The worker has a recently signed opioid contract on 02-25-2015. Her urine drug screen on 07-01-2015 was negative for opiates and consistent with the current prescription of Norco (taken since at least 12-24-2014) as she was using it on an as-needed basis. A request for authorization was submitted for Norco 10/325mg #30 and Ibuprofen 800mg #60. A utilization review decision 09-09-2015 non-approved requests for both medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** CA MTUS guidelines recommend the ongoing use of opioids in cases where there is documented significant pain relief and functional improvement and the ability to return to work. The patient should be monitored using the "4 A's" to determine analgesia, ADLs, appropriate medication use and adverse effects. In this case the 4 A's are addressed in the medical records, however there is no significant pain relief or functional improvement documented. There is also no evidence of a urine drug screen to demonstrate compliance. It appears that the Norco is only used on a PRN basis; therefore, the request is not medically necessary or appropriate.

**Ibuprofen 800mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** CA MTUS Guidelines state that Ibuprofen is indicated for osteoarthritis at the lowest dose for the shortest period of time. While the patient claims improvement in pain and function with Ibuprofen, there is no documentation of significant change in VAS, improved quality of life or objective examples of functional improvement. Long-term NSAIDs are not recommended due to an association with significant GI and cardiovascular side effects. Use should be short-term vs. long-term. Therefore, this request is not medically necessary or appropriate.