

<b>Case Number:</b>	CM15-0199908		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/16/2012
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Arizona, California  
 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 50 year old male who sustained an industrial injury on June 16, 2012. The worker is being treated for: left knee injury. Subjective: March 12, 2015, left knee pain, unchanged since last visit, September 08, 2015 "doing well post-operatively." Symptoms have decreased reports "occasional episodes of instability of left knee." Objective: March 10, 2015, left knee tear, high-grade chondromalacia medial compartment, and positive crepitus. Diagnostic: MRI right knee January 21, 2015, January 03, 2014, MRI of left knee January 21, 2015. Treatment modality: June 22, 2015 underwent left knee arthroscopy, physical therapy, medications. Medication: September 08, 2015 prescribed Norco, Ibuprofen. On September 11, 2015 a request was made for Norco 5mg 325mg #90 that was noncertified by Utilization review on September 22, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90:** Upheld

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

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

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco along with Ibuprofen for an unknown length of time. Pain scores are not noted. Failure of Tylenol is unknown. The Norco is not justified and not medically necessary.