

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0214774 |                              |            |
| <b>Date Assigned:</b> | 11/04/2015   | <b>Date of Injury:</b>       | 08/01/2013 |
| <b>Decision Date:</b> | 12/15/2015   | <b>UR Denial Date:</b>       | 10/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/02/2015 |

### 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 51 year old female who sustained an industrial injury on August 1, 2013. Medical records indicated that the injured worker was treated for right knee pain. Medical diagnoses include unspecified knee internal derangement, medial meniscal tear and chondromalacia. In the provider notes dated October 13, 2015 the injured worker complained of bilateral knee pain with swelling. She states she developed contact dermatitis from Pennsaid samples given to her last visit. She states her knee has been "miserable" lately. She complains of severe pain for 3 days after going to grocery store. She does housework in 10 minute increments when she does not have an acute flare up. She has a sensation of left knee instability with certain movements particularly with turning and twisting. She tries to exercise without stressing her knees. She rates her pain 5 on the pain scale with pain medication and 8 on the pain scale without pain medication. On exam, the documentation stated there is medial swelling of the right knee with palpable patellar crepitus and full range of motion. The left knee is edematous with mild effusion with diffuse tenderness over the inferior patella and joint line. Range of motion was from plus 5 degree to 90 degrees with pain. There was slight warmth in the prepatellar area and no significant heat or redness over the left knee, "Tender medial to the patella." The treatment plan is for refill of medications, discontinue Pennsaid 25 topical solution orthopedic evaluation and sedentary work only. A Request for Authorization was submitted for Norco 10 325 mg #180. The Utilization Review dated October 29, 2015 denied the request for Norco 10 325 mg #180.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg, #180:** Upheld

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

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

**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 for several months. There was no mention of Tylenol, or weaning failure. The long-term use of Norco is not medically necessary.