

<b>Case Number:</b>	CM15-0220651		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 3-1-04. A review of the medical records indicates he is undergoing treatment for status post right knee surgery from meniscectomy September 2010 prior right knee surgery June 2004, status post left knee surgery 3-23-10, right L5 and left S1 radiculopathy, lumbar discogenic pain, and slight narrowing at the medial joint and degenerative joint disease of bilateral knees per x-rays. Medical records (4-28-15, 6-23-15, 8-18-15, and 10-13-15) indicate ongoing complaint of bilateral knee pain. He rates the pain "8-9 out of 10" without medications and "4-5 out of 10" with medications. The 8-18-15 record indicates the right knee is worse than the left. Activities of daily living impaired due to pain include activities around the house, family activities, recreational activities, social activities, sleep, and self-care (6-23-15). The 10-13-15 record indicates that the medications help with getting out of the house for medical appointments, walking for exercise, and staying functional around his home. Pain decreases from 9 to 4/10 with medications. According to a letter from the treating provider, there is an opioid contract on file and UDS have been appropriate. The physical exam (10-13-15) reveals tenderness over the medial and lateral joint lines of the knees. Crepitus is noted with flexion and extension. Diagnostic studies have included x-rays of bilateral knees, showing degenerative joint disease. Treatment has included physical therapy and medications. His medications include Norco and Relafen since, at least 1-30-15. The utilization review (10-29-15) includes a request for authorization of 60 tablets of Norco 10-325mg. The request was modified to a quantity of 13 tablets.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #60:** Overturned

**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, criteria for use, Opioids for chronic pain.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records, the patient is experiencing quantifiable improvement with ongoing use of short-acting opioids such as the prescribed Norco. VAS score have improved with noted improvement in objective physical exam findings and functional capacity. There has been no escalation, UDS have been appropriate, there are no reported side effects, and no reported concerns of abuse. Additionally the injured worker reports improvement of ADLs with current opioid prescription. Consequently, continued use of opioids is supported by the medical records and guidelines and is medically necessary.