

<b>Case Number:</b>	CM15-0036758		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/27/2001
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 54 year old male, who sustained an industrial injury on November 27, 2001. He has reported noticing pain and swelling in both knees during the course of employment as an RV technician. The diagnoses have included bilateral knee strain status post left knee arthroscopy in 2002, right knee arthroscopy in 2002, left total knee replacement in 2009 with revision in 2010 with worsening pain since August 2014, gastrointestinal (GI) upset due to medications, and lumbar strain. Treatment to date has included bilateral knee arthroscopies, physical therapy, Synvisc injections, and medication. Currently, the injured worker complains of bilateral knee pain, gastrointestinal (GI) upset due to use of medication, and low back pain with radiation to the thighs and knees. The Primary Treating Physician's examination dated January 16, 2015, noted slight to moderate tenderness of the peripatellar region of the right knee, with slight to moderate swelling, and popping felt with room. The left knee was noted to have slight to moderate swelling, with moderate tenderness in the anterior and lateral knee. Tenderness to palpation and spasm of the left greater than right paralumbar muscles was noted. The injured worker was noted to have a moderately antalgic gait due to knee pain. On February 2, 2015, Utilization Review non-certified Norco 10/325mg #120, noting a previous review had tapered the medication to 61 tablets, therefore the tapering was continued with modified certification of Norco 10/325mg #45 with the remaining 75 tablets non-certified. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 26, 2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.