

<b>Case Number:</b>	CM15-0036928		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/18/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/26/2015
<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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old male, who sustained an industrial injury on 11/18/11. He has reported neck, back and bilateral knee injuries. The diagnoses have included lumbar degenerative disc disease, cervical degenerative disc disease, bilateral knee internal derangement, arthritis of the knee and knee joint pain. Treatment to date has included medications surgery, and Home Exercise Program (HEP). Surgery included status post meniscectomy. Currently, as per physician progress note dated 11/6/14, the injured worker complains of low back pain, bilateral knee pain, left arm pain and tightness in the neck. He states that the left knee feels achy and tender since the surgery. Physical exam of the cervical spine revealed spasm, painful range of motion and decreased sensation. The lumbar exam revealed spasm with painful and limited range of motion. The left knee exam revealed positive patellofemoral crepitation, persistent medial joint pain and tenderness to palpation. The right knee exam revealed positive tenderness to palpation, painful range of motion and positive patellofemoral crepitation. Magnetic Resonance Imaging (MRI) of the left knee dated 8/19/12 revealed degenerative arthritis, osteophytes, reduced joint space, subchondrial cyst, mild joint effusion and Wiberg Type II patella was noted. Magnetic Resonance Imaging (MRI) of the right knee dated 8/19/12 revealed degenerative arthritis, osteophytes, reduced joint space, subchondrial cyst, mild joint effusion, bone/bruise contusion, and Wiberg Type II patella was noted. Treatment plan was for medication re-fill and Home Exercise Program (HEP). The current medications included Norco and Anaprox. On 1/26/15 Utilization Review modified a request for Norco 10/325 mg #90 modified to Norco

10/325 mg #70 noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Opioids page 89 was cited.

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

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

**Norco 10/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg #90 is not medically necessary.