

<b>Case Number:</b>	CM15-0040713		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Indiana

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 52 year old female, who sustained an industrial injury on 11/2/2009. She has reported bilateral knee and back injury while playing soccer. The diagnoses have included lumbar spine with radicular complaints, lumbar spine discopathy, and osteoarthritis of the knee. She is status post right arthroscopy in 2013; status post left knee arthroscopy in 2010 with revision in 2013. Treatment to date has included medication therapy, physical therapy, acupuncture, and Viscosupplementation to left knee one month prior without significant improvement. Currently, the Injured Worker complains of pain, swelling, stiffness, giving way, numbness and limp due to bilateral knee pain. The physical examination from 1/29/15 documented positive grind and petellofemoral crepitation to bilateral knees. The provider documented a recent fall with new injury to the right knee and requested an MR arthrogram of the right knee to assess for structure damage. The provider indicated she was pending a total knee arthroplasty. The plan of care also included a knee brace and continued medication therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Opioids.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for Norco 325/10mg #30 is not medically necessary.