

<b>Case Number:</b>	CM15-0041691		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 54 year old male, who sustained an industrial injury on October 06, 2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having right knee pain. Treatment and diagnostic studies to date has included medication regimen, use of a cane, magnetic resonance imaging of the right knee, and exercise. Examination dated December 05, 2014 the injured worker has decreased range of motion to the right knee with pain to the medial and lateral joint space. In a progress note dated January 30, 2015 the treating physician reports complaints of persistent right pain. Examination reveals a slow gait. The injured worker's current medication regimen included Norco, Celebrex, Allopurinol, Prilosec, and Colace. The injured worker's pain level was rated a 9 out of 10 without the use of his medication regimen and was noted a 5 out of 10 with the use of his medication regimen. The treating physician also indicated that the injured worker was noted to be able to perform activities of daily living including household activities and self-care activities. The treating physician noted magnetic resonance imaging of the right knee performed on February 27, 2013 reveals abnormal signal of the meniscus with tri-compartmental osteoarthritis and joint effusion. The treating physician requested the medication of Norco 10/325mg 360 tablets noting current use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 360 tablets:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM Third Edition released November 2010, Official Disability Guidelines, Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.