

<b>Case Number:</b>	CM15-0049726		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 41 year old, male, who sustained a work related injury on 9/22/09. The diagnoses have included bilateral chondromalacia and bilateral knee pain. Treatments have included physical therapy, medications and bilateral knee injections which have been effective in pain relief. In the PR-2 dated 2/18/15, the injured worker complains of bilateral knee pain. He has 5+ motor strength in quadriceps and hamstrings. He has 0 degrees extension in knees and flexion is 150 degrees. The treatment plan is to request refills of Norco and ibuprofen and for another three shot series for knees.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86  
Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic knee pain. Treatments have included medications and viscosupplementation injections. When seen by the requesting provider, the last series of injections were continuing to work well. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury ongoing knee pain. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.

**Three synvisc injections to the bilateral knees:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hyaluronic acid injections.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic knee pain. Treatments have included medications and viscosupplementation injections. When seen by the requesting provider, the last series of injections were continuing to work well. Hyaluronic acid injections are recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments to potentially delay total knee replacement. A repeat series of injections can be considered if there is a documented significant improvement in symptoms for 6 months or more and the symptoms recur. In this case, the claimant's symptoms have not recurred and therefore a repeat series is not medically necessary.

**Ibuprofen 600mg 90 tablets:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

**Decision rationale:** The claimant is more than 5 years status post work-related injury and continues to be treated for chronic knee pain. Treatments have included medications and viscosupplementation injections. When seen by the requesting provider, the last series of injections were continuing to work well. Oral NSAIDs (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain. Recommended dosing of

ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and therefore the request is medically necessary.