

<b>Case Number:</b>	CM15-0054496		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 51 year old male, who sustained an industrial injury on 03/27/2012. He has reported subsequent lower extremity pain and was diagnosed with closed fracture of the upper end of the tibia and pain in the joint involving the lower leg. Treatment to date has included oral pain medication, physical therapy, surgery and a home exercise program. In a progress note dated 02/24/2015, the injured worker complained of left knee pain that was rated as 5-8/10. Objective findings were notable for a marked left limp and decreased range of motion of the left knee. A request for authorization of a Norco refill was made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule Definitions (f) functional improvement.

**Decision rationale:** Norco 10/325mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal significant evidence of objective functional improvement as defined by the MTUS or a significant pain reduction on Norco. The request for Norco is therefore not medically necessary.