

<b>Case Number:</b>	CM15-0085674		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/10/1999
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 67 year old male with an industrial injury dated 3/10/1999. The injured worker's diagnoses include status post lumbar fusion, right L5 radiculopathy, obesity, left knee arthritis and status post right total knee arthroplasty revision. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 4/1/2015, the injured worker reported severe right knee pain, back pain and right leg pain. The injured worker also reported running out of medication, causing severe pain, stress and suicidal ideation. Objective findings revealed tenderness over the medial and lateral joint lines of right knee and tenderness about the lower lumbar paravertebral musculature, positive straight leg raises on right and hypersensitivity of the right lower extremity. The treating physician prescribed Norco 10/325mg quantity 150 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in March 1999 and underwent a right total knee replacement revision in August 2014. When seen, he was having low back pain and knee and lower extremity pain. There was knee joint line tenderness and lumbar paraspinal muscle tenderness with positive right straight leg raising. The claimant reported running out of medications early causing stress and 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. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. There may be pseudo-addiction due to under-dosing. Regardless, the continued prescribing of Norco at this dose is not medically necessary.