

<b>Case Number:</b>	CM14-0125351		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/24/2012
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 69 year old female employee with date of injury of 8/24/2012. A review of the medical records indicates that the patient is undergoing treatment for severe right knee osteoarthritis. According to physician's report dated 6/5/2014, subjective complaints include right knee pain, 50% improvement after receiving steroid injection to right knee on 3/6/2014. Pain rating scores are as follows: 9/10 (8/31/2013), 7/10 (3/6/2014). Physical exam on 6/5/2014 revealed tenderness to palpation on medial aspect of the knee, lateral aspect of the knee and compression on patellar bone causing pain; no laxity in varus and valgus compression; anterior drawer test and posterior is also negative; crepitation and pain with range of motion. Treatment has included Norco 10/325mg for breakthrough pain. Medical files report patient was taking Norco as early as March 2014. The utilization review dated 7/8/2014 modified the request for Norco 10/325mg to Norco 10/325mg #60 for the purposes of weaning and/or for the treating physician to establish documented criteria for the usage of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

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

**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, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for knee 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 on 6/5/2014, intensity of pain after taking opioid, pain relief, increased level of function, or detail regarding improved quality of life. Additionally, medical documents indicate that the patient has been on Norco since March 2014, in excess of the recommended 2-week limit. The treating physician does not explain what extenuating circumstances are present that warrant opioid usage in excess of this recommended time limit. The treating physician does not state the quantity requested, which is especially necessary for medications of potential abuse. The original utilization reviewer modified the request from Norco 325/10mg (no quantity) to Norco 325/10mg #60, which is appropriate. As such, the request for Norco 325/10mg is not medically necessary.