

<b>Case Number:</b>	CM14-0132888		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/15/1997
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Internal 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:

The patient is an injured worker with bilateral knee conditions. Mechanism of injury was kneeling. Date of injury was 01-15-1997. The progress report dated 6/10/14 documented a prescription for Norco 10/325. The progress report dated 7/8/14 documented the presence of knee joint effusion, hip spasm. Physical examination finding was that of an individual of a height of 6 feet 3 inches, weight 180 pounds. The patient was noted to be in no apparent distress and able to rise from the seated to standing position without support. The patient was able to ambulate without listing. The patient was noted to be awake, alert, and oriented. The gait was noted to be within normal limits. Tenderness was noted over both patellae. Left patella was limited to flexion with tenderness over the lateral and medial meniscal joints. The progress report dated 9/3/14 documented the diagnoses of chronic bilateral knee pain and hip pain. Current medications included Norco 10/325. Treatment plan included a prescription for Norco 10/325. MRI of the left knee performed 7/2/12 demonstrated a medial meniscus tear. He is status post arthroscopic surgeries to bilateral knees. Controlled Substance Utilization Review and Evaluation System (CURES) and urine drug testing have been used for medication monitoring.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 2 P.O. q8H, # 180, 0 refills, submitted diagnoses chronic bilateral knee pain, chronic hip pain, chronic pain syndrome, as an outpatient: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Hydrocodone/Acetaminophen Page(s): 74-96; 91-92.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document stable use of opioid medications and objective evidence of significant pathology. The patient has regular clinic visits for reassessment. Controlled Substance Utilization Review and Evaluation System (CURES) and urine drug testing have been used for medication monitoring. Medical records support the maintenance of the Norco 10/325 mg prescription. Therefore, the request for Norco 10/325mg, 2 P.O. q8H, # 180, 0 refills, submitted diagnoses chronic bilateral knee pain, chronic hip pain, and chronic pain syndrome, as an outpatient is medically necessary.