

<b>Case Number:</b>	CM14-0149692		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/11/2008
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 56-year-old man who sustained a work related injury on July 11, 2008. Subsequently he developed chronic right shoulder and bilateral knee pain. The patient underwent bilateral total knee arthroplasty and his condition was determined to be permanent and stationary as of August 23, 2011. When examined on May 23, 2013, it was determined he was no longer permanent and stationary and required diagnostic evaluation of his right shoulder and re-examination of his right knee. MRI of the right shoulder dated June 14, 2014 was consistent with degenerative joint disease of the acromioclavicular joint and glenohumeral joint. Right shoulder x-rays dated on June 14, 2014 revealed mild degenerative changes of the right acromioclavicular joint. According to a progress note dated July 31, 2014, the patient was complaining of right knee pain that was sometimes severe. His physical examination of the right knee revealed tenderness with reduced range of motion. During the same visit of July 31, 2014, the patient was injected the right pesanserine bursa with a corticosteroid. The patient was diagnosed with status post bilateral total knee arthroplasty, right knee pain of undetermined etiology, and bursitis of the right knee. The provider requested authorization to use Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, Page(s): page(s) 76-79>..

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco in this patient. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 5/325MG is not medically necessary.