

<b>Case Number:</b>	CM14-0183621		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 59 year old female with dates of injury of 6/14/2008, 3/5/2009, and 10/12/2011. She has a history of bilateral carpal tunnel syndrome, low back pain as a consequence of multi-level foraminal stenosis, degenerative disc disease and facet disease, and right knee pain as a consequence of degenerative meniscal disease and resultant osteoarthritis. She has had bilateral carpal tunnel release and previous arthroscopic knee surgery. Her main pain issues seem to be concerning the right knee. She has indicated she is not willing to consider an arthroplasty at this point. Her normal pain levels are 8/10 without medication, 4/10 with medication, with documented examples of functional improvement as a consequence of the opioid therapy. She does not suffer adverse medication side effects. A urine drug screen from 5-28-2014 was consistent with prescribed medication and a signed pain contract is said to be on file. The injured worker has returned to work without restrictions. The physical exam shows right knee range of motion from 0-110 degrees, crepitus with flexion and extension, and lateral greater than medial joint line tenderness. The diagnoses are low back pain, torn medial meniscus, osteoarthritis of the knee, and carpal tunnel syndrome. The injured worker has recently been referred for cognitive therapy to deal with her depression. She has been prescribed Zoloft.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The cited guidelines require ongoing assessment for pain relief, functionality, adverse side effects, and any aberrant drug taking behavior for those requiring chronic opioid therapy. Opioids may be continued if the injured worker has regained employment and/or has improved pain and functionality as a consequence of the medication. In this instance, the notes from the treating physician appear to meet all of these requirements for continuing the Norco at current doses (10/325 mg, 8 daily). Additionally, a treatment plan can be said to exist as the injured worker has been referred for cognitive therapy and there appears to have been discussion regarding a right knee replacement in the future. Per the referenced guidelines, Norco 10/325mg #240 is medically necessary.

**Refill Norco 10/325mg #240 (DND 11/15/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The cited guidelines require ongoing assessment for pain relief, functionality, adverse side effects, and any aberrant drug taking behavior for those requiring chronic opioid therapy. Opioids may be continued if the injured worker has regained employment and/or has improved pain and functionality as a consequence of the medication. In this instance, the notes from the treating physician appear to meet all of these requirements for continuing the Norco at current doses (10/325 mg, 8 daily). Additionally, a treatment plan can be said to exist as the injured worker has been referred for cognitive therapy and there appears to have been discussion regarding a right knee replacement in the future. Therefore, refill Norco 10/325mg #240 (DND 11/15/14) is medically necessary.