

<b>Case Number:</b>	CM14-0185741		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	12/16/2009
<b>Decision Date:</b>	12/19/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 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 is a 37 year old male patient who sustained a work related injury on 12/16/2009. Patient sustained the injury when he was in the process of installing a cabinet into the wall, while lifting it and holding it to install it; he felt a crack in his mid and lower back. The current diagnoses include right knee status post (s/p) surgery, right shoulder impingement, sprain of thoracic, lumbar and cervical spine and complex regional pain syndrome. Per the PT note dated 9/12/14, patient has complaints of pain in the right knee. Physical examination revealed edema to the right knee, pain in the right knee, decreased weight bearing through the right lower extremity, difficulty in walking, gait with assistive device and decreased range of motion. Per the doctor's note dated 9/08/14 physical examination revealed hypersensitivity to light touch, painful range of motion (ROM) and negative Lachman test. The current medication lists include Norco, Condrolite, Hydrocodone, Tramadol, Zolpidem, Omeprazole, Fioricet, Temazepam, Prazosin, Citalopram, and Buspirone. The patient has had an MRI scan of the right knee on 8/12/13 that revealed status post anterior cruciate ligament graft with evidence of degeneration of the anterior cruciate ligament graft and a complex tear of the posterior horn of the medial meniscus; second MRI scan on 8/29/13 that revealed the same oblique tear of the medial meniscus and chondromalacia of the patella; an ultrasound of the right wrist, on 11/18/11, that revealed a tear of the triangular fibrocartilage. The patient has had right knee arthroscopic examination with partial medial and lateral menisectomies and chondroplasties on 6/13/14; An electromyography (EMG) and nerve conduction test on 3/2/12 of the upper extremities and cervical spine that was normal; On 5/5/12, an MRI scan of the cervical spine showed a small protrusion and an annular fissure at C6-C7, without nerve compromise. The patient's surgical history includes anterior cruciate ligament reconstruction with partial medial and/or lateral menisectomy and chondroplasty on 10/31/12. He had received an injection in the lumbar region on 12/2/13. The

patient has had a urine drug toxicology report on 10/2/14. The patient has received an unspecified number of the PT visits for this injury. The patient has used a lumbar support and a right wrist brace.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325:** Upheld

**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, criteria for use, Criteria for use of opioids, Therapeutic Trial of Opioids Page(s): 76.

**Decision rationale:** Norco 10/325 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 is not established for this patient.