

<b>Case Number:</b>	CM14-0087509		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 Preventive Medicine and is licensed to practice in Texas. 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 49 year old male who was injured at work on 02/16/2011. The injured worker is reported to be complaining of weakness of the right knee while going upstairs. He reports 5-8/10 pain. The pain is associated with swelling, stiffness, limping, and buckling. The pain is constant, worsened by weather changes. The physical examination revealed a 305 pound male that walks with cane; he could not walk on toes or heels, there was weakness to resisted function in the lower limbs, positive McMurray's test on the right. The injured worker has been diagnosed of Internal derangement of the knee on the right status post surgical intervention; Grade 3 chondromalacia along the joint line S/P Cortisone injection; Internal derangement of the knee and left foot, MRI showing lateral menisci but no tear reaching the articular surface S/P one injection; Discongenetic lumbar conditions for which no diagnostics have been done; weight gain of 45 pounds; Element of depression, anxiety, sleep disorder and sexual dysfunction. The treatments include x2 right knee arthroscopy; Hyalgan for severe chondromalacia; Norco. Norco tablets 10/325 mg #120 for right knee pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tablets 10/325 mg #120 for right knee pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints; Opioids Page(s): 8,80.

**Decision rationale:** The injured worker sustained a work related injury on 02/16/2011. The medical records provided indicate the diagnosis of Internal derangement of the knee on the right status post-surgical intervention; Grade 3 chondromalacia along the joint line S/P Cortisone injection; Internal derangement of the knee and left foot, MRI showing lateral menisci but no tear reaching the articular surface S/P one injection; Discongenic lumbar conditions for which no diagnostics have been done; weight gain of 45 pounds; Element of depression, anxiety, sleep disorder and sexual dysfunction. Treatments have included include x2 right knee arthroscopy; Hyalgan for severe chondromalacia; Norco The medical records provided for review do not indicate a medical necessity for Norco tablets 10/325 mg #120 for right knee pain. The MTUS does not recommend the use of opioids for chronic pain beyond 16 weeks if the individual is not benefiting from the medication. The injured worker is reported to have been of work since 2011, and has been on Norco since 02/2011. The criteria for the continued use of opioids include: "If there is no overall improvement in function, unless there are extenuating circumstances..." Furthermore, the guideline recommends the use of other modalities if the physician if the patient's is unsatisfactory while on a particular method of treatment. Considering the injured worker has been on this medication for more than a year without documented improvement, the requested treatment is not medically necessary.