

<b>Case Number:</b>	CM14-0095764		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Arizona. 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 patient is a 65 year old female with a date of injury on 2/2/2006. Diagnoses include internal derangement of the knee, pain in joint, and knee strain. Subjective complaints are of knee pain, that can reach 10/10, but averages 6/10. Physical exam shows warmth over the left knee, crepitus in the right knee and tenderness to palpation in the medial right joint line with 1+ effusion. Medications include Norco, Reglan, Imitrex, Inderal, Seroquel, Topamax, Valium, and Wellbutrin. Submitted documentation indicates that the patient gets pain relief from Norco of which she takes on an as needed basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 no refills:** 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 Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily

living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation is present of MTUS opioid compliance guidelines including risk assessment, urine drug screens, attempts at weaning, and ongoing efficacy of medication. Furthermore, there is no demonstrated improvement in function from long-term use. Therefore, the medical necessity of Norco is not established at this time.