

<b>Case Number:</b>	CM14-0104124		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 72 year old male who sustained an industrial injury on 07/17/2002. Current diagnoses include low back pain with flare-up with right radicular symptoms, history of right knee arthroscopy with severe degenerative joint disease and patellofemoral syndrome. Previous treatments included medication management, right knee surgery on 11/05/2002, injections for the knee and back, physical therapy, home exercise program, chiropractic therapy, psychological evaluation, and knee brace. Previous diagnostic studies include MRI's and x-rays. Initial injuries included right knee and back. Report dated 06/11/2014 noted that the injured worker presented with complaints that included sharp stabbing pain in the back, buttock, and down the right leg, and ongoing knee pain, swelling, and instability. Pain level was 9 out of 10 (current), 5 out of 10 (with medications), and 10 out of 10 (without medications) on a visual analog scale (VAS). It was noted that medications provide 50% reduction in pain and 50% functional improvement. Physical examination was positive for antalgic gait, cannot stand up straight, positive bilateral straight leg raises, sensory loss in the right lateral calf and bottom of foot, right knee swelling, decreased range of motion in the right knee, stability tests reveal valgus laxity with stress testing, crepitus, and patellar compression is very painful. The treatment plan included resuming current medication which include Norco, Zanaflex, and glucosamine sulfate, request for front wheeled walker and re-evaluation in a couple of months. Disputed treatments include Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #140:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Hydrocodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a history of a work injury occurring in July 2002. He continues to be treated for low back and right knee pain. When seen, medications are referenced as decreasing pain from 10/10 to 5/10 and with a 50% functional improvement. Physical examination findings included an antalgic and he was unable to stand upright. There was decreased right lower extremity strength and sensation with positive straight leg raising. He had right knee ligamentous laxity with crepitus and pain with patellar compression. Medications included Norco being prescribed at a total MED (morphine equivalent dose) of less than 50 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing pain control and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.