

<b>Case Number:</b>	CM14-0202741		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	01/09/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 64 year-old female with a 1/09/2007 date of injury. According to the 11/07/14 orthopedic report, the patient presents with bilateral knee pain. She had history of right knee total knee replacement, and the knee gave out on her causing a fall and she landed on both knees. The diagnoses include: status post right knee total knee replacement; contusion bilateral knees; pain in bilateral knees. The physician prescribes Norco 10/325mg, #120, 1 tablet ever 4 to 6 hours for pain. The prior report is dated 10/14/14 and does not specify the dose/quantity of Norco. On 11/18/2014 utilization review provided a retrospective denial for Norco from a 10/14/14 prescription.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco of Unspecified Dose and Quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** The IMR request is for "Norco of Unspecified Dose and Quantity" The 11/18/14 utilization review letter states it was a retrospective denial for Norco for 10/14/14. The 10/11/14 report shows Norco was refilled due to right knee decreased ROM and antalgic gait. There was no discussion of the dose or quantity. There was no mention of any reduction in pain or improvement in function with use of the Norco. The MTUS criteria for opioids, pages 74- 96, requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The request is not in accordance with MTUS guidelines. The request for Norco of Unspecified Dose and Quantity IS NOT medically necessary.