

<b>Case Number:</b>	CM14-0211549		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/10/2014
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 60-year-old male who reported an injury on 03/10/2014. The mechanism of injury reportedly occurred when he was loading a truck with construction and he stepped off the truck and twisted his left ankle. He had a history of back and knee pain. On 11/25/2014, the patient continued to have left knee pain. The patient continued to take pain medications. Upon examination, there were spasms present in the paraspinal muscles. There was tenderness to palpation of the paraspinal muscles. Range of motion was restricted. There was a positive sitting straight leg raise on the right. There was tenderness to pressure over the medial knee with a positive McMurray's sign. The injured worker has a diagnosis of lumbar radiculopathy and internal derangement of knee not otherwise specified on left. The treatment plan included continuing medications as before, completing physical therapy, and medications. Current medications included hydrocodone (Norco) APAP 10/325 tablet 1 tablet twice daily and zolpidem tartrate 10 mg tablet 1 tablet daily. The Request for Authorization was dated 11/25/2014. Rationale was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 5-325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list. Page(s): 76-80, 91, 124.

**Decision rationale:** The request for Norco tab 5-325mg #60 is not supported. The California MTUS Guidelines state Norco is recommend for short time use for chronic pain. Ongoing management should be documented of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential drug related behaviors. There is a lack of documentation of pain relief, side effects, physical and psychosocial functioning, and drug related behaviors. There is a lack of documentation of any execration or flare up of pain. There is a lack of documentation of a trial of non-narcotic medications. There was no VAS; the patient was improving with physical therapy and medication. The 11/1/2014 report lacked of documentation of patient on Norco. Although the guidelines recommend weaning, the patient has not been on medication for a long period of time. As such, the request is not medically necessary.