

<b>Case Number:</b>	CM14-0216204		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/25/2005
<b>Decision Date:</b>	02/23/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2014

### 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. 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 50 year old male continues to complain about severe bilateral knee pain stemming from a work related injury reported on 6/25/2005. Diagnoses include: left knee internal derangement, rule out osteochondral fracture; bilateral knee degenerative joint disease; patellofemoral crepitation with limp; and depression. Treatments have included: consultations; diagnostic imaging studies; knee brace and cane; injection therapy; and medication management. It was noted that this injured worker (IW) had reached maximum medical recovery and classified as permanent and stationary as of 2/7/2007. An Agreed Medical Evaluation, dated 2/14/2006 notes a probable and significant acute osteochondral fracture of the patellofemoral articulation of the left knee and to undergo arthroscopic left knee surgery as soon as possible. An Agreed Medical Examination, dated 12/12/2006 notes the need for surgical treatment to the knee. The primary treating physician, handwritten, PR-2 dated 5/9/2014, shows knee pain, rated 6/10, the wearing of a knee brace and walking with a cane and that Norco is helping his pain; a Torodol injection was also noted given for twisting a knee wrong. The treatment plan included continuing Norco 10/325mg for pain control. The primary treating physician, handwritten, PR-2 dated 7/7/2014, notes knee pain rated 9/10 that decreased to 7/10 with medications, the use of a knee brace and use of a cane. An addendum to this visit, dated 7/16/2014 stated the brace was requested secondary to pain and instability. The treatment plan included continuing Norco 10/325mg for pain control. The primary treating physician, handwritten, PR-2 dated 8/1/2014, notes that the pain medicines are helping the pain, rated 8/10, dropping it to 6/10; and that the IW is wearing a hinged knee brace and using a cane. The treatment plan included continuing Norco 10/325mg

for pain control. The primary treating physician, handwritten, PR-2 dated 9/5/2014, notes that due to the increased load the left knee is under because of the injured right knee, that both knees are now bad. Also noted was the IW wearing a knee brace and using a cane. The treatment plan included continuing Norco 10/325mg for pain control. It is noted that the IW is in need of a knee replacement. The primary treating physician, handwritten, PR-2 dated 10/7/2014, notes the IW was miserable from pain in both knees resulting in trouble walking and sleeping; necessitating the knee brace, the use of crutches, and a sleep study. The primary treating physician, handwritten, PR-2 dated 11/3/2014, notes the pain, of 7/10, continues in both knees, reduced to 6/10 on medication, that the pain is not improving, is worsened by cold weather, and is minimizing activities due to pain. Also noted was the IW continues to wear the knee brace and uses a cane. The treatment plan included continuing Norco 10/325mg for pain control. Medical records dating back to 2/2007 note this IW to be permanent and stationary and unable to return to work due to his work related injury. Medical records dating back to 5/9/2014 note the continuation of severe and persistent knee pain that was stated, multiple times, to be helped by medications; and that surgical intervention was necessary. On 12/4/2014 Utilization Review modified, for medical necessity, the prospective request for Norco 10/325mg, #120, down to #90 stating that the most recent examination findings noted only a minimal decrease in pain, from 7/10 to 6/10, when using Norco; and that the continued use of opioids may be indicated if the IW returns to work or displays an improvement in function and pain. Cited were the MTUS guidelines for chronic pain, criteria for opioid use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for years without significant improvement in pain scale or function. There was no indication of Tylenol or NSAID failure. The continued use of Norco is not medically necessary.