

<b>Case Number:</b>	CM14-0088954		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/11/2010
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 43 year old male, who sustained an industrial injury on 9/11/10. He has reported initial complaints of left knee injury at work after crawling through pipes on his hands and knees. The diagnoses have included lower leg osteoarthritis, chondromalacia patella, knee pain, medial meniscus tear and lateral meniscus tear. Treatment to date has included medications, orthovisc injections, cortisone injections, diagnostics, activity modifications, knee surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 6/3/14, the injured worker complains of continual bilateral knee pain. The physician noted that orthovisc injections were requested as they helped with his left knee and daily routines but it was denied. The physician noted that cortisone injections to the right knee were authorized and the injured worker would like to proceed. As he rates the pain 7/10 on pain scale which has increased since last visit it was 4/10. The right knee physical exam revealed pain and crepitus with range of motion and positive passive patellar tilt test. The left knee exam revealed pain and crepitus with range of motion and positive passive patellar tilt test. It was noted that the physician had given the injured worker a cortisone injection to each knee without complications. The current medications included Norco and Tramadol. There was no urine drug screen noted in the records. The plan was to re-fill prescriptions for medications. The physician requested treatments included 1 prescription of Tramadol HCL 50mg #60 with 2 refills and 1 prescription of Norco (Hydrocodone-Acetaminophen) 10/325mg #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol HCL 50mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription tramadol HCl 50 mg #60 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are osteoarthritis; chondromalacia patella; medial meniscal tear; and lateral meniscal tear. Subjectively, according to a June 3, 2014 progress note, the injured worker complains of bilateral knee pain, status post arthroscopy 2010. Tramadol was started on December 21, 2013 at 50 mg one tablet every six hours. Norco 10/325 mg was prescribed at 1/2 to 2 tablets every 4 to 6 hours. There were no pain scales in the medical record up until the June 3, 2014 progress note. There were no comparison progress notes to determine whether there was subjective improvement of the injured worker symptoms. Objectively, there are no significant abnormalities noted. There was no objective functional improvement based on the documentation. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There was no attempt at weaning tramadol 50 mg in the medical record. There is no clinical indication for two refills Tramadol. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Tramadol 50 mg, no risk assessments, pain assessments or attempted weaning, one prescription tramadol HCl 50 mg #60 with two refills is not medically necessary.

**1 prescription of Norco (Hydrocodone-Acetaminophen) 10/325mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Norco 10/325mg #60 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are osteoarthritis; chondromalacia patella; medial meniscal tear; and lateral meniscal tear. Subjectively, according to a June 3, 2014 progress note, the injured worker complains of bilateral knee pain, status post arthroscopy 2010. Norco 10/325mg was started on April 20, 2012. Norco 10/325 mg was prescribed at 1/2 to 2 tablets every 4 to 6 hours. There were no pain scales in the medical record up until the June 3, 2014 progress note. There were no comparison progress notes to determine whether there was subjective improvement of the injured worker symptoms. Objectively, there are no significant abnormalities noted. There was no objective functional improvement based on the documentation. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. There was no attempt at weaning Norco 10/325 mg in the medical record. There is no clinical indication for two refills of Norco. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco 10/325 mg, no risk assessments, pain assessments or attempted weaning, one prescription Norco 10/325mg #60 with two refills is not medically necessary.