

<b>Case Number:</b>	CM15-0011127		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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, Washington

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 62-year-old male who reported an injury on 12/03/2007 after his left knee struck a pole while driving a golf cart. The injured worker underwent left knee arthroscopic surgery in 2009 and 2012 and ultimately developed complex regional pain syndrome. The injured worker's treatment history included multiple medications and sympathetic injections. The injured worker was evaluated on 11/12/2014. It was documented that the injured worker had medial joint line tenderness and swelling of the lower extremity with improved sensitivity. The injured worker's diagnosed at that appointment included complex regional pain syndrome type 1, left knee status post surgery times 2, and status post DVT. The injured worker's treatment plan included surgical intervention, continuation of medications to include Norco and Soma, and continuation of a home exercise program. A Request for Authorization was submitted on 12/17/2014 to support the requested refill of Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #200, no refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The requested Norco 10/325 mg #200 with no refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends continued use of opioids be supported documented functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended period of time. However, the clinical documentation does not provide any evidence of significant pain relief or functional benefit from the use of this medication. Although the clinical documentation does indicate that the injured worker is monitored with urine drug screens, in the absence of pain relief and functional improvement, continued use would not be supported. Additionally, the request as it is submitted does not clearly identify a frequency of use. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #200 with no refills is not medically necessary or appropriate.