

<b>Case Number:</b>	CM15-0112551		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	10/20/2010
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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

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:

This 60-year-old female sustained an industrial injury to the right knee on 10/20/10. In a PR-2 dated 10/27/14, the injured worker was undergoing consult for establishing a plan for bridging of Coumadin to Heparin and back again prior to scheduling for right knee total arthroplasty. The physician noted that the injured worker had been dealing with coagulopathy for an extended period of time. The injured worker had received a seated walker that was beneficial. The injured worker wore a warrior style knee brace with hinges for stability and walked with a grossly antalgic gait. In a PR-2 dated 12/15/14, the physician noted that the injured worker was on long term narcotics because of intractable pain. The physician stated that the injured worker's knee was bone on bone. In a PR-2 dated 3/16/15, the physician noted that pain medications would be continued while awaiting medical clearance for total knee arthroplasty. In a PR-2 dated 4/20/15, the injured worker was still awaiting medical clearance for total knee arthroplasty. The physician noted that the knee was basically destroyed. The injured worker was wearing her knee brace. Current diagnoses included chondromalacia of the patella, disorder of lower leg joint, disorders of bursa and tendons of shoulder and bicipital tenosynovitis. The physician stated that the injured worker continued to need pain control. The treatment plan included a prescription for Norco.

### 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 1 tab every 6 hours:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

**Decision rationale:** The patient was injured on 10/20/10 and presents with knee pain. The request is for NORCO 10/325 MG #120 1 TAB EVERY 6 HOURS for pain. There is no RFA provided and the patient is on total temporary disability. She has been taking this medication as early as 01/26/15 and treatment reports are provided from 10/27/14 to 04/20/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. "The patient is diagnosed with chondromalacia of the patella, disorder of lower leg joint, disorders of bursa and tendons of shoulder, and bicipital tenosynovitis. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.