

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0119572 |                              |            |
| <b>Date Assigned:</b> | 06/29/2015   | <b>Date of Injury:</b>       | 09/30/2006 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 05/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/19/2015 |

### 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: Massachusetts

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 47 year old female, who sustained an industrial injury on 09-30-2006. On provider visit dated 04-01-2015 the injured worker has reported chronic pain in her right knee and low back radiating downright lower extremity. On examination of the right knee and lumbar revealed a decreased range of motion and right knee was noted to have +2 crepitus and tenderness to palpation anterior and medial right knee joint line. The diagnoses have included lumbar degenerative disc disease, right knee hardward and post-operative chronic pain. Treatment to date has included TENS unit, ice, home exercise program and medication: Norco, Omeprazole, and Topiramate. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted with medication regimen. The provider requested Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NARC Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work injury in September 2006 and is being treated for right knee and radiating low back pain. Ice, TENS, and Norco are referenced as helping to control pain. Prior notes reference Norco as providing temporary pain relief. When seen, there was an antalgic gait. There was knee crepitus with anterior and medial joint line tenderness. Medications were refilled including Norco. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain by recorded VAS pain scores, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.