

<b>Case Number:</b>	CM15-0120381		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	12/12/2010
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, 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 53 year old female with an industrial injury dated 12/12/2010. Diagnoses included status post left knee arthroscopy, recurrent right meniscus tear, lumbar spine sprain/strain, radiculitis right lower extremity, discogenic back pain and lumbar spine degenerative disc/joint disease. Prior treatment included knee brace, medications and home exercise program. She presents on 05/13/2015 with complaints of constant pain in her back which she describes as tight, pressure and aching. She rates her pain as 7-8/10. She states the pain travels into the right hip, leg and foot with numbness, tingling and burning. Medication helps decrease pain levels. She also complains of constant pain in her knees rating it as 9-10/10. She also complains of numbness and tingling in the right lower extremity. Physical exam of the lumbar spine notes straight leg raising seated test is positive on the right. Straight leg raising supine test is positive on the right. Palpation revealed moderate paraspinal tenderness and muscle guarding bilaterally. There was non-specific tenderness at the right knee. Apley's grinding test was positive on both knees and McMurray test with interior rotation and exterior rotation were positive on the right knee. Work status was modified. Treatment plan consisted of knee arthroscopy and medications. The request for right knee arthroscopy was authorized. The request for review is for Norco 10/325 mg (unspecified quantity).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

**Decision rationale:** Regarding the request for Norco, California MTUS cites that opioids should be used only if needed for severe pain and only for a short time. Within the documentation available for review, it is noted that the patient has a pending surgery. While a short course of opioids would be appropriate for postoperative pain, an open-ended request for this medication without a specified quantity is not supported and, unfortunately, there is no provision for modification of the request to allow for an appropriate amount of medication. In light of the above, the currently requested Norco is not medically necessary.