

<b>Case Number:</b>	CM15-0123112		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	05/12/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31-year-old male, who sustained an industrial injury on 5/12/13. He reported he hurt his right knee, neck, left shoulder and back. The injured worker was diagnosed with a twisting right knee injury. Treatment to date has included MRI, x-ray, medication, physical therapy and heat therapy. Currently, the injured worker complains of right knee and low back pain rated at 5/10 with medication and 8/10 without. The injured worker is diagnosed with right knee lateral meniscus bucket handle tear, lumbar spine degenerative disc disease and left shoulder tendonitis. His work status is temporarily totally disabled. A note dated 1/27/15 states the injured worker is not experiencing any relief in pain with medication for his back pain. He does receive relief from medication for his right knee pain 9/10 without and 6-7/10 with medication. The note also states the injured worker experiences relief from the TENS unit at physical therapy. A note dated 3/23/15 also states the same measurement in right knee and back pain. There is tenderness to palpation to the right knee and pain with range of motion. The lumbar spine exam reveals tenderness to palpation, decreased and painful range of motion and muscle spasms. A note dated 5/6/15 states the injured worker experiences a decrease in pain with medication and is able to walk, stand, sit, and engage in housework and chores. There is no change in the physical findings or diagnoses from the note dated 3/23/15. The medication, Norco 10/325 mg #120, is being requested to continue to provide the injured worker with pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured back in 2013 with a twisting right knee injury. Treatment to date has included an MRI, x-ray, medication, physical therapy and heat therapy. There is continued right knee and low back pain rated at 5/10 with medication and 8/10 without. There was a right knee lateral meniscus bucket handle tear, lumbar spine degenerative disc disease and left shoulder tendonitis. As of January 2015, there was no relief in pain with medication for his back pain. There is relief for his right knee pain though by 3 points on the VAS scale. There is relief from TENS unit at physical therapy. The request is continued opiate medicine. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.