MAXIMUS Federal Services

| Case Number: | CM15-0124401 | | |
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| Date Assigned: | 07/08/2015 | Date of Injury: | 03/04/2002 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 06/12/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

## 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 53-year-old male with an industrial injury dated 03-04-2002. His diagnoses included urinary urgency and incontinence, bilateral knee pain, chronic pain syndrome and bilateral wrist, hand, forearm and elbow tendinitis. Comorbid conditions included hyperlipidemia, hypertension, neurological disorder and bleeding disorder. Prior treatment included surgery, diagnostics and medications. He presents on 03/30/2015 with bilateral knee pain. He has pain with any activity and has intermittent effusions. He underwent 2 right knee arthroscopies and one left knee arthroscopy with debridement in the prior 10 years. The surgeries had provided temporary relief of pain but the pain had recently become intolerable. He ambulated with a cane. Physical exam noted no effusion of right knee. Right knee was tender to palpation at medial and lateral joint line. The provider documents the injured worker is requiring narcotics to control his knee pain and is severely limited in his activities of daily living. The request for follow up 4-6 weeks, sooner if needed and urinary incontinence pads quantity 200 with 3 refills was authorized. The treatment request for review is Norco 10-325 mg four times daily quantity 120.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in March 2002 and is being treated for chronic pain including bilateral knee pain neck pain, sight shoulder pain, and bilateral wrist, elbow, and hand pain. Treatments had included right knee arthroscopic surgeries and further surgery is being recommended. When seen, there was decreased cervical spine range of motion with spasms. There was shoulder tenderness with decreased range of motion. There was elbow, wrist, and hand tenderness with trigger of the left middle three fingers. Medications include 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, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.