

<b>Case Number:</b>	CM15-0147273		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	10/31/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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 50 year old female, who sustained an industrial injury on 10-31-14. The injured worker was diagnosed as having osteoarthritis right knee; low back pain. Treatment to date has included physical therapy; TENS unit; medications. Diagnostics studies included MRI right knee (11-18-14). Currently, the PR-2 notes dated 7-15-15 indicated the injured worker returns for a re-evaluation. She complains of low back pain and right knee pain. She reports her pain has not changed and is described as aching. The provider documents her pain level as "3 out of 10 without pain medication and 1 out of 10 with pain medication". She reports pain is aggravated by walking and states the Norco is working better than the tramadol. She reports she would like to try going back to work. On physical examination, the provider documents "There is joint effusion in the right knee. Lachman's test is negative in the right knee. Varus and Valgus stress test is negative in the right knee. The right knee active range of motion: extension is 0 degrees. Flexion is 0 to 115 degrees." He notes she ambulates independently without any assistive devices with an antalgic gait on the right. She has a surgical history of a right knee arthroscopy in 2010. The provider documents "Norco is working better than the tramadol. She denies any adverse reaction to pain medications. She has an opioid treatment agreement with us. A CURES report was obtained on 7-14-15 and showed that she did get a prescription for Tylenol #3" from her dentist on 6-2-15. The provider instructed her no to get any additional prescriptions for opioids from any other provider. The last urine toxicology testing was done on 6-12-15. The provider documents "she tested positive for oxycodone, oroxycodone and oxymorphone. She admits that she took some of her husband's prescription." The provider notes he warned her of violating her agreement one more time he would have to stop prescribing opioids for her. He notes he will keep her on the prescriptions for today. A PR-2 dated 10-31-14

indicted the injured worker had been involved in a motor vehicle accident when stopped at a stop light and another vehicle rear-ended her vehicle. This work related industrial injury resulted in low back pain and right knee pain. The provider documents she was provided with a knee brace and crutches and he notes no x-rays, MRI or CT scans were warranted at this time. She was provided with a Toradol 30mg IM injection, a prescription of Norco, ibuprofen and Valium as needed for muscle spasms. A MRI of the right knee was done on 11-18-14 with an impression of "1) subchondral cystic change and edema at the lateral and central aspects of the femoral trochlea with areas of overlying full thickness cartilage loss; 2) Intact cruciate ligaments and menisci; 3) Diffuse moderate grade cartilage loss at the lateral patellofemoral articulation and lateral femorotibial compartment; 4) No other internal derangement." A Request for Authorization is dated 7-29-15. A Utilization Review letter is dated 7-23-15 and non-certification was for Norco 10/325mg #60. The provider is requesting authorization of Norco 10/325mg #60. Utilization Review denied Norco 10/325mg #60 stating "there is no documentation of functional improvement and no documentation of aberrant behavior and inconsistent urine drug testing. She has received Tylenol #3 from her dentist and she took her husband's oxycodone. Therefore, ongoing use is not recommended."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, differentiation: dependence & addiction.

**Decision rationale:** The claimant sustained a work injury in October 2014 and is being treated for low back pain and right knee pain included a diagnosis of knee osteoarthritis. She has a history of right knee arthroscopic surgery in 2010. She was seen for a reevaluation on 07/15/15. Treatments had included physical therapy and medications. Norco had helped and had worked better than tramadol and was decreasing pain from 3/10 to 1/10. A right total knee replacement had been advised. She was currently working as a bus driver. Her CURES report and urine drug screening result from 06/12/15 were reviewed. She had received a prescription for Tylenol #3 from another provider and taken her husband's medications. Counseling was provided including consideration of discontinuance of opioid medication after another violation of the narcotic policy agreement. Physical examination findings included a BMI of nearly 33. There was a right knee joint effusion with decreased flexion. Norco was prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. 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 was findings of possible medication misuse, this may represent pseudoaddiction. The claimant had been prescribed Tramadol and Norco when seen in an Emergency Room and had not filled these prescriptions. Additionally, many physicians will allow one slip from a medication contract without immediate termination of opioids/ controlled substances, with the consequences being a re-discussion of the clinic policy

on controlled substances, including the consequences of repeat violations. This discussion is clearly documented in the records provided. The claimant is working and is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking. Continued prescribing was medically necessary.