

<b>Case Number:</b>	CM15-0170920		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/30/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on 5-30-14 with current complaints regarding the left hip, right knee, left knee and left ankle. He was found to have a meniscus tear on an MRI and underwent a right knee arthroscopy on 2-27-15. Previous treatment includes medication, at least 6 sessions of physical therapy, home exercises and icing, and a right knee steroid injection. In a progress report dated 7-15-15, the physician notes, since his last visit, his symptoms are unchanged. He purchased a single point cane for ambulatory assistance. He reports about 10% relief from the left greater trochanteric bursa injection on 5-20-15. He reports radiating pain to the buttocks and thigh and increased back pain due to the way he carries his body. He notes he puts strain on the right side of his body because of left hip pain. Pain is rated at 5 out of 10 and at 8 out of 10 with increased activity. Pain is increased with climbing stairs, prolonged walking and lifting heavy objects. He complains of intermittent right knee aching and throbbing and that he sleeps with a pillow between his legs to decrease pain. He wears a knee brace and reports persistent popping and clicking which is painful. Pain is rated at 8-9 out of 10. The left knee is reported to be an intermittent aching and throbbing pain rated at 7 out of 10 with frequent popping. Left ankle pain is described as occasional and when he puts pressure on the foot. It is noted the injured worker would like to wean himself off medications and is interested in a pain management consultation. Medications are Norco and Valium. A urine drug screening done 4-22-15 was consistent with medication. McMurrays is positive on the left and right knee. The assessment is right knee meniscus tear, status post menisectomy, right knee chondromalacia, left knee meniscus tear, left knee chondromalacia, and left hip labral tear. Work status is temporary total disability. The requested treatment of Norco 10-325mg #150 was non-certified on 8-17-15.

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

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

**Norco TAB 10-325mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with Tramadol. There was no mention of Tylenol, or weaning failure. There was mention that NSAIDS provide moderate relief but the claimant was not currently taking them, No one opioid is superior to another. The continued use of Norco is not medically necessary.