

<b>Case Number:</b>	CM15-0172215		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	12/05/2008
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old female, who sustained an industrial injury on 12-05-2008. She has reported subsequent left knee pain radiating to the lower leg and left hip pain and was diagnosed with left hip contusion, left hip greater trochanteric bursitis, status post left knee arthroscopic plica excision, chondroplasty of medial trochlea and removal of loose bodies, knee osteoarthritis, femoral neuropathy, primary localized osteoarthritis of the lower leg and peroneal neuropathy at the knee. MRI of the left knee on 05-23-2014 showed prepatellar bursitis with small extradural ganglion at tibiofibular articulation and grade 2 signal in the posterior horn of the medial meniscus. Treatment to date has included oral pain medication, physical therapy and surgery, which were noted to have helped to reduce pain. Documentation shows that Vicodin was prescribed as far back as 2008 and Norco was prescribed as far back as 2010. A left knee arthroscopy with partial medial meniscectomy, partial lateral meniscectomy and removal of multiple chondral loose bodies was performed on 05-07-2015. In progress notes dated 05-27-2015, 06-24-2015 and 07-22-2015 the injured worker reported constant pain in the left knee that was rated as 6 out of 10 without pain medication. The duration of pain relief with medication was noted to be 4-5 hours with no medication side effects. Objective examination findings on 05-27-2015, 06-24-2015 and 07-22-2015 showed positive straight leg raise on the left at 65 degrees and decreased lumbar range of motion to flexion. Work status was documented as temporarily totally disabled. A request for authorization of one prescription of Norco 10-325 mg #120 was submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Norco 10/325mg #120:** Upheld

**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.

**Decision rationale:** The patient presents with left knee pain that radiates into the left leg. The current request is for one prescription of Norco 10/325mg, quantity 120. The UR dated 7/29/15 modified the request to Norco 10/325mg, quantity 76. The treating physician requests on 7/22/15 (255B) a refill of "Norco Tablet 10/325 MG, 1 tablet orally every 6 hrs prn, 30 days, 120, refills 0." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no discussion regarding ADLs or aberrant behaviors. Additionally, there is no documentation of a pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid and time it takes for medication to work. MTUS guidelines require much more thorough documentation for ongoing opioid usage. The patient should be slowly weaned per MTUS Guidelines. The current request is not medically necessary.