

<b>Case Number:</b>	CM15-0177527		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	01/17/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 50 year old male, who sustained an industrial injury on 1-17-13. Medical record indicated the injured worker is undergoing treatment for left knee arthritis and status post left knee (ACL) Anterior Cruciate Ligament reconstruction. Treatment to date has included left knee anterior cruciate ligament reconstruction using allograft and partial lateral meniscectomy, 12 post-op therapies, activity modifications, gym membership, knee brace and oral medications including Naproxen, Motrin, X-rays of left knee revealed Fairbanks change at medial femoral condyle, spur at medial aspect of the tibial condyle and sub sclerotic changes at the medial tibial plateau and anchors from (ACL) Anterior Cruciate Ligament reconstruction. On 5-21-15, the injured worker complained of more pain with kneeling, squatting and climbing up stairs and hillsides and notes he is happy with the outcome of his surgery with the exception of posterior knee and anterior knee pain along with slight medial joint line pain and weakness of the thigh and on 8-13-15, the injured worker complains of left knee pain. Work status is noted to be modified duties. Physical exam performed on 5-21-15 and 8-13-15 revealed minimal joint pain along the medial joint line and patellofemoral compression with no crepitation but pain. A request for authorization was submitted on 8-25-15 for 6 month gym membership, 3 Euflexxa injections to the left knee and Norco 5-325mg #60. On 8-31-15 utilization review non-certified request for Norco 5-325mg #60 noting there is no indication of improvement of pain with prior use of the medication, no documentation of compliance with pain management contractual agreement and 4A domains have not been addressed by the provider.

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

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

**Norco 5/325 mg, sixty count:** 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 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 NSAIDS which induced gastritis. However, there was no mention of Tylenol failure. In addition, there was no mention of pain scores. The Norco is not justified and not medically necessary.