

<b>Case Number:</b>	CM15-0069961		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/01/1997
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 56 year old male, who sustained an industrial/work injury on 10/1/97. He reported initial complaints of right knee pain. The injured worker was diagnosed as having right knee pain, s/p anterior cruciate ligament repair. Treatment to date has included medication, diagnostics, surgery (right knee arthroscopy with anterior cruciate ligament (ACL) reconstruction, brace for knee. Currently, the injured worker complains of continued knee pain rated 7/10. Per the primary physician's progress report (PR-2) on 2/9/15, the injured worker reported that medication was helping and feeling stronger. Examination revealed bilateral lower extremity varicosities and crepitation in the right knee. Current plan of care included continuing current meds, urinalysis, continue knee brace, and home exercises. The requested treatments include Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco tab 10-325mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 74-78, 80, 86, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in October 1997 and continues to be treated for chronic knee pain after an ACL ligament reconstruction. Medications include tramadol and Norco at a total MED (morphine equivalent dose) of 50 mg per day. Medications are referenced as continuing to help. When seen, medications were refilled and urine drug testing was ordered. 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. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury and surgery. 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. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.