

<b>Case Number:</b>	CM15-0095361		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	04/07/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 was a 65 year old female, who sustained an industrial injury, April 8, 2008. The injured worker previously received the following treatments Norco, Ibuprofen, Prilosec, Glucosamine-chondroitin, Terazosin, daily walking, left knee MRI, right elbow MRI, right knee MRI, and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the upper and lower extremities. The injured worker was diagnosed with right knee tear medial meniscus, cubital tunnel syndrome, arthroscopic surgery of the right elbow, bilateral carpal tunnel syndrome, bilateral upper cubital syndrome, left knee tear medial meniscus with recurrent tear, bilateral knee degenerative osteoarthritis left greater than the right, left heel and foot pain and psychiatric issues. According to progress note of April 3, 2015, the injured workers chief complaint was bilateral knee pain. The pain had increased since last visit. The injured worker rated the pain at 5 out of 10. The injured worker rated the pain without pain medication at 8 out of 10. The injured worker quality of sleep was poor. The injured activity level had remained the same. The injured worker stated the medications were working well. The injured worker's pain was worse with colder months and exacerbating with bending (knee flexion). The injured worker was walking daily. The physical exam noted the injured worker to be calm and in mild pain. The injured worker was not showing any signs of intoxication or withdrawal. The injured worker walked with an antalgic gait. The right knee exam noted tenderness with palpation of the lateral joint line. Inspection of the left knee noted restricted range of motion with extension. There was tenderness over the lateral joint line of the knee. There was a mild effusion of the left knee. The motor testing was limited by pain. The sensory exam was intact in all body parts. The Norco assisted with pain control, which allowed the injured worker to walk and exercise. The treatment plan included prescription refill for Norco.

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

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

**Norco 10/325mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain and Ongoing management Page(s): 80-82 and 78-80.

**Decision rationale:** Norco 10/325mg #120 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment. The patient is on an NSAID and an opioid. It is not clear that the opioid has provided an objective increase in function. Additionally the MTUS states that opioids are minimally indicated, if at all, for chronic non-specific pain, OA, or "mechanical and compressive etiologies."