

<b>Case Number:</b>	CM15-0095482		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	06/15/2005
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/20/2015
<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: California

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 50 year old male, who sustained an industrial injury on 06/15/2005 when he was climbing into a trailer. He slipped and struck his right knee on the metal edge of the trailer. He immediately felt pain in the right knee. He underwent right knee operative arthroscopy on 12/15/2005. He underwent postoperative physical therapy. He also underwent arthroscopic surgery on 12/15/2006 for a torn meniscus. According to a progress report dated 04/06/2015, the injured was seen for re-evaluation of his bilateral knees and lumbar spine. He complained of aching pain to the bilateral knees and felt better in regard to the lumbar spine. Objective findings included continued medial joint tenderness and a limping ambulation to the bilateral knees. X-rays of the bilateral knees and bilateral tibia showed no increase of osteoarthritis. X-rays of the thoracic and lumbar spine showed loss of lumbar lordosis. Treatment plan included additional physical therapy for the bilateral knees, urine toxicology screen and continuance with home exercise program. The injured worker was given a prescription for Norco to help alleviate his pain. An authorization request dated 04/13/2015 included the request for Norco 10/325mg #60. Diagnoses included lumbar disc herniation L5-S1. Currently under review is the request for Norco 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids, page 79-80, states when to continue Opioids, "(a) If the patient has returned to work or (b) If the patient has improved functioning and pain." Regarding when to discontinue opioids, the Guidelines states, "If there is no overall improvement in function, unless there are extenuating circumstances".

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg #60 is not medically necessary or appropriate.