

<b>Case Number:</b>	CM15-0096456		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Preventive Medicine, Occupational 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 is a 48 year old male who sustained an industrial injury on 07/18/11. Initial complaints and diagnoses are not available. Current diagnoses include torn meniscus right knee and lumbosacral disc degeneration. Treatments to date include medications (Norco dose is unchanged since at least 12/02/14), walking for exercise, and ice to the right knee. MRI of the right knee without contrast dated 02/17/15 showed: 1) Mild osteoarthritis, most marked in the lateral compartment and lateral patellofemoral compartment. 2) Horizontally oriented linear high signal in the body and posterior horn of the medial meniscus may represent a prominent vascular pedicular or less likely a tear. In a progress note dated 04/14/15 the patient complained of persistent low back and right knee pain. The provider noted that the pain medication managed the pain an improved patient function. The patient's industrial injury-based medications were Norco and Zanaflex. Exam showed lumbosacral spasms and tenderness to palpation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240 1-2 four times a day as needed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider used first-line medications before starting opioid therapy, that the provider is appropriately monitoring this patient for the safe use of opioids or that or that the patient has signed an opioid use contract. Medical necessity for continued safe use of this medication has not been established.