

<b>Case Number:</b>	CM15-0098768		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Hawaii  
 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:

This is a 28 year old female with a March 16, 2011 date of injury. A progress note dated March 24, 2015 documents subjective findings (left knee pain from knee surgery with numbness), and objective findings (left knee in range of motion brace locked at full extension; using crutches; healing wound, no sign of infections; generalized soft tissue swelling of the left knee). Current diagnoses were noted in the medical record to be internal derangement of the knee, and status post left knee arthroscopic surgery. Treatments to date have included medications, physical therapy, left knee arthroscopy with partial medial meniscectomy and partial synovectomy (February 17, 2015), and imaging studies. The treating physician documented a plan of care that included Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
 Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting the left knee. The current request is for Norco 10/325mg #240. The treating physician report dated 3/24/15 (69B) states, continue Norco 10/325mg. The report goes on to note that a current urine drug screen was consistent. The report further states, Consider weaning of Norco in the next couple of months. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided, do not show how long the patient has been prescribed Norco. A report dated 2/25/15 (66B) notes that the patient's pain is 7/10 while on current medication. No adverse effects or adverse behavior were discussed by the patient. The report dated 3/24/15 notes that the patient has not returned to work. In this case, all four of the required A's are not addressed and functional improvement has not been documented. Furthermore, the treating physician is considering weaning the patient from Norco as mentioned in the report dated 3/24/15. The current request is not medically necessary and the patient should be slowly weaned per MTUS.