

Case Number:	CM15-0006741		
Date Assigned:	01/21/2015	Date of Injury:	05/30/2012
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/12/2015

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:

This 49 year old man sustained an industrial injury on 5/30/2012 after falling on steps while carrying a large box. The worker hit the lateral aspect of the right knee on the edge of the step and the box then fell on the right knee as well. Current diagnoses include left shoulder pain and pain in lower leg joint. Treatment has included oral medications, injection, transcutaneous electrical nerve stimulation, heat and cold, home exercise program, and surgical intervention. Physician notes dated 12/11/2014 show continued complaints of bilateral shoulder pain, rated as a 6/10 with medications and 8/10 without medications. Recommendations include refilling medications. On 12/16/2014, Utilization Review evaluated a prescription for Norco 10/325 mg #90, that was submitted on 12/21/2014. The UR physician noted that Norco should be administered in the lowest dose for the shortest period of time. The MTUS, ACOEM (or ODG) Guidelines was cited. The request was modified and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

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, p.

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for left shoulder and right knee pain. She has undergone multiple right knee surgeries. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. 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. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain and this claimant is expected to have somewhat predictable activity related pain (i.e. incident pain). It is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. 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.