

Case Number:	CM15-0131162		
Date Assigned:	07/17/2015	Date of Injury:	11/06/2007
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/07/2015

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 52 year old male sustained an industrial injury to the right knee on 11/6/07. The injured worker later developed right hip and left knee pain secondary to gait disturbance. Previous treatment included right knee arthroscopic medial meniscectomy, sympathetic block of the right lower extremity without benefit and medications. In a progress report dated 5/13/15, the injured worker complained of ongoing right knee pain. The injured worker noted approximated 50% reduction in pain with the use of medications allowing for 20 minutes of standing and walking tolerance versus 10 minutes without medications. Physical exam was remarkable for tenderness to palpation at the medial joint line of the right knee with positive McMurray's test and popping and cracking on active range of motion and diffuse tenderness to palpation to the left knee and the right greater trochanter. Current diagnoses included residual right knee internal derangement, right trochanteric bursitis, developing left knee pain, possible complex regional pain syndrome of the right lower extremity and situational depression. The physician noted that the injured worker had failed attempts to wean Norco in July 2014. The treatment plan included prescriptions for Colace, Motrin, Lyrica and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a right knee injury occurring in November 2007. Medications are referenced as decreasing pain by 50% and allowing for improved tolerance for standing and walking. When seen, Norco had been decreased from three times per day to two times per day and was not providing adequate pain relief and he had decreased function. There was right knee joint line tenderness and diffuse left knee tenderness. McMurray's testing was positive on the right side. There was left knee crepitus with range of motion. There was significantly decreased right knee range of motion. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking. 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. In this case, it was being prescribed as part of the claimant's ongoing management. There were no identified issues of abuse or addiction and medications were providing pain control with improved activity tolerance. Attempts at reducing the dose resulted in increased pain and decreased function. The total MED being requested less than 120 mg per day consistent with guideline recommendations. Prescribing of Norco was medically necessary.