

Case Number:	CM15-0132538		
Date Assigned:	07/20/2015	Date of Injury:	06/10/2014
Decision Date:	08/20/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/09/2015

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:

The injured worker is a 43 year old male, who sustained an industrial injury on June 10, 2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post open reduction fracture of the left proximal tibia. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the left knee, and above noted procedure. In a progress noted dated April 23, 2015 the treating physician reported complaints of pain and swelling to the bilateral knees and legs. The injured worker also had complaints of low back pain. Examination revealed a slow, guarded gait, limited range of motion to the bilateral knees, a positive valgus stress test of the right knee, and tenderness to the bilateral lumbar paraspinal muscles. The injured worker's pain level was rated a 9 out of 10 to the right knee, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of injured worker's medication regimen. The treating physician also noted that injured worker's medication regimen allowed him to function and to work without restrictions, but the documentation provided did not indicate the medications included in the injured worker's medication regimen. In a progress note dated May 26, 2015 the treating physician reports complaints of constant left leg pain with swelling after use. Examination reveals left quadricep atrophy, weakness of the left quadricep muscle, and lateral joint line tenderness. The treating physician requested the medication of Norco 10/325mg with a quantity

of 90, but the documentation provided did not indicate the specific reason for the requested medication.

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 Page(s): 80-81.

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

Decision rationale: The patient presents with pain affecting the bilateral knees and legs. The current request is for Norco 10/325mg #90. The treating physician report dated 6/30/15 (82B) states, "PT is currently working w/out restrictions (and) should continue to do so." The report goes on to note that the patient's pain level is an 8 and states, "meds help decrease the pain." 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, show the patient has been taking Norco since at least 11/14/14 (5B). The report dated 6/30/15 notes that the patient's pain level is currently an 8/10, and that the patient experiences a decrease in pain while on the medication. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved such as the ability to return to work with no restrictions. The continued use of Norco has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required As are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.