

Case Number:	CM15-0136422		
Date Assigned:	07/24/2015	Date of Injury:	11/22/2012
Decision Date:	08/21/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/14/2015

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:

The injured worker is a 43 year old female, who sustained an industrial injury on November 22, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, home exercise program, urine drug screen and electrodiagnostic study. Currently, the injured worker complains of low back, left knee and bilateral wrist pain. Her pain is rated at 5-7 on 10 with medication and 8 on 10 without it. The injured worker is diagnosed with sprain-strain of right and left wrists, sprain-strain right ankle, left knee meniscal tear-contusion, sprain-strain lumbar spine, post left knee arthroscopy, meniscectomy, and chondroplasty and micro-fracture repair of trochlear groove. The injured worker is currently working. Documentation regarding outcome of home exercise program was not included. A note dated July 1, 2015 states the injured worker is experiencing functional improvement and a decrease in pain with her current medication regimen. A note dated July 8, 2015 states the injured worker is utilizing Norco one tablet twice a day for pain. The medication, Norco 10-325 mg #75 is requested to continue to alleviate her pain and allow her to continue to function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #75: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work-related injury in November 2012 and continues to be treated for low back and left knee and bilateral wrist pain. Medications are referenced as decreasing pain from 8/10 to 5-7/10 with improved activities of daily living and ability to lift, reach, and grip. When seen, there was decreased cervical spine range of motion with cervical and trapezius tenderness and muscle spasms. There was right wrist tenderness with positive Tinel and Phalen tests. Norco was prescribed at an average daily MED (morphine equivalent dose) of 25 mg. 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 is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with improved activities of daily living and function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.