

Case Number:	CM15-0142794		
Date Assigned:	08/03/2015	Date of Injury:	08/02/2008
Decision Date:	08/31/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/23/2015

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 48 year old female, who sustained an industrial injury on 08-02-2008. She has reported injury to the low back, right hip, and right knee. The diagnoses have included lumbar sprain-strain; lumbar degenerative disc disease; status post hip contusion; hip degenerative joint disease; knee strain; knee pain; and right knee arthrofibrosis. Treatment to date has included medications, diagnostics, splinting, injections, lumbar medial branch block, physical therapy, and surgical intervention to the right hip and right knee. Medications have included Norco, Celebrex, Amitriptyline, Flexeril, and Ambien. A progress note from the treating physician, dated 06-29-2015, documented a follow-up visit with the injured worker. The injured worker reported lumbar pain with spasm and stiffness; pain is unchanged; she has difficulty with lifting, pushing, pulling and bending, and heavy lifting; continued right hip pain with ambulation, weight-bearing, and prolonged sitting-standing activities; continued knee pain and swelling to the right anterior knee; no response to injection; she is taking Norco which provided 50-60% pain relief, improved range of motion, and she is able to work full time; and there are no side effects. Objective findings included tenderness to palpation and spasm of the lumbar spine; motion is guarded due to pain; decreased lumbar ranges of motion; tenderness to palpation of the right hip-greater trochanter; pain with rotation; decreased range of motion; and pain with deep flexion of the right knee. The treatment plan has included the request for Norco10-325 mg quantity 100 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 100 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

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 injury in August 2008 and continues to be treated for hip, knee, and low back pain. Medications are referenced as decreasing pain by 50-60% with improved range of motion and allowing the claimant to continue to work on a full-time basis. When seen, there was decreased lumbar spine range of motion with tenderness and muscle spasms. There was pain with right hip rotation and trochanteric tenderness. There was pain with knee flexion. Medications were continued. Norco was prescribed at a total MED (morphine equivalent dose) of 40 mg per day. 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 function including continuing to work. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.