

Case Number:	CM15-0147109		
Date Assigned:	08/10/2015	Date of Injury:	04/08/2002
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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 male, who sustained an industrial injury on April 08, 2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having chronic right leg pain, status post right leg to mid-shaft femoral fracture with pain extending to the right hip, status post right hip arthroscopic surgery, status post placement of intramedullary rod to the right femur, and status post arthroscopic lateral meniscectomy of the right knee and removal of screws from the right distal femur. Treatment and diagnostic studies to date has included above listed procedures, medication regimen, and computed tomography of the right hip. In a progress note dated April 07, 2015 the treating physician reports complaints of pain to the low back and the right leg. Examination reveals tenderness, crepitus, and decreased range of motion to the right knee, tenderness to the right sacroiliac joint, tenderness to the trochanteric region, and tenderness to the right femur. The injured worker's medication regimen included the medication Norco. The treating physician noted that the injured worker has improved and increased psychosocial and physical functioning along with pain relief secondary to the use of his medication regimen. The treating physician requested Norco 5-325mg with a quantity 120 noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002 and continues to be treated for radiating back and knee pain. When seen, there was bilateral knee swelling with decreased right knee range of motion. There was right sacroiliac joint, trochanteric, and femoral tenderness. There was decreased range of motion. A bilingual pain questionnaire is included that documents Norco as decreasing pain from 9/10 to 4-5/10 with improved activities and quality of life. 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 and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.