

Case Number:	CM15-0148268		
Date Assigned:	08/11/2015	Date of Injury:	02/02/2012
Decision Date:	09/09/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/30/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 64 year old female who sustained an industrial injury on 02-02-12. Initial complaints and diagnoses are not available. Treatments to date include medications, right knee surgery on 8/23/12 and right knee replacement on 8/15/13. Diagnostic studies include electrodiagnostic studies of the upper extremities, and MRIs of the right shoulder and wrist, lumbar spine, and right hip. Current complaints include back, knee, hip, right upper extremity, wrist, and shoulder pain on 6/25/15. The patient has had a recent history of fall and had bruising and cuts on body. Physical examination revealed antalgic gait, significant bruising around left side of her face. Current diagnoses include right elbow fracture, right shoulder pain, wrist pain, chronic right knee pain, and chronic right buttock and lower extremity pain. In a progress note dated 06-25-15 the treating provider reports the plan of care as Norco and referral to an orthopedic surgeon. The requested treatments include Norco. The patient has had history of gastric bypass and so cannot take NSAID. The documentation supports that the injured worker has been on the same dosage of Norco since at least 10-14-14 and that she has been on Norco since at least 07-24-14. The patient has had MRI of the right knee that revealed effusion; MRI of the lumbar spine on 4/25/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes; MRI of the right shoulder on 4/25/14 that revealed tendinosis; EMG of upper extremity on 4/25/14 that revealed CTS; MRI of hip on 3/4/15 that revealed degenerative changes. Patient had received right knee cortisone injection. The medication list includes Celexa, Norco and Losartan. The patient has had UDS in past which were consistent for Norco.

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 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 Criteria for use of Opioids Therapeutic Trial of Opioids.

Decision rationale: Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals". Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function, continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". In addition according to the cited guidelines "Short-acting opioids: also known as "normal-release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain". Treatments to date include medications, right knee surgery on 8/23/12 and right knee replacement on 8/15/13. Current complaints include back, knee, hip, right upper extremity, wrist, and shoulder pain on 6/25/15. The patient has had a recent history of fall and had bruising and cuts on body. Physical examination revealed antalgic gait, significant bruising around left side of her face. Current diagnoses include right elbow fracture, right shoulder pain, wrist pain, chronic right knee pain, and chronic right buttock and lower extremity pain. The patient has had history of gastric bypass and so cannot take NSAID. The patient has had MRI of the right knee that revealed effusion; MRI of the lumbar spine on 4/25/14 that revealed disc protrusions, foraminal narrowing, and degenerative changes; MRI of the right shoulder on 4/25/14 that revealed tendinosis; EMG of upper extremity on 4/25/14 that revealed CTS; MRI of hip on 3/4/15 that revealed degenerative changes. Therefore there are abnormal objective and imaging study findings. NSAIDs cannot be used in this pt and the pt has had a recent flare up or exacerbation of the pain. The patient has had UDS in past which were consistent for Norco. There is no evidence of aberrant behavior. This medication is deemed medically appropriate and necessary to treat any exacerbations of the pain on an as needed/ prn basis. The medication Norco 10/325 MG Qty 180 is medically necessary and appropriate in this patient.