

Case Number:	CM15-0148388		
Date Assigned:	08/11/2015	Date of Injury:	10/31/2014
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
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: 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 33-year-old female who sustained an industrial injury on 10-31-14. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include bilateral shoulder, right elbow, bilateral wrist and hand and bilateral knee pain. Current diagnoses include bilateral shoulder, elbow, wrist strain, and bilateral knee contusion. In a progress note dated 06-08-15 the treating provider reports the plan of care as right tennis elbow brace, hand surgeon consultation, and physical therapy to the right knee, as well as a urine drug screen and Norco. The requested treatment includes Norco. The injured worker was recently changed from Tylenol #3 to Naproxen on 05-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list, criteria for use of opioids.

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 sustained a work-related injury in October 2014 and is being treated for right upper extremity and right knee pain. Medications are referenced as decreasing pain from 8/10 to 5/10. When seen, there was bilateral wrist, hand, and right knee tenderness. Norco was continued. Authorization for Tylenol #3 was requested. Tramadol has been previously prescribed. 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. Other short acting medications at low MED doses are being considered. The total current MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.