

Case Number:	CM15-0148697		
Date Assigned:	08/12/2015	Date of Injury:	10/14/2013
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

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 60 year old female, who sustained an industrial injury on 10-14-13. The injured worker was diagnosed as having rule out facet arthropathy, cervical disc displacement, cervical sprain or strain, right rotator cuff tear, palindromic rheumatism of the hand, left hand joint pain, bilateral knee bakers cysts, injury of the finger or thumb or nail, and aneurysmal bone cyst. Treatment to date has included medication. On 5-29-15 right shoulder pain was rated as 6 of 10, right hand pain was 3 of 10, left hand pain was 7 of 10, right knee pain was 8 of 10, left knee pain was 4 of 10, and left thumb pain was 7 of 10. The injured worker had been taking Norco since at least 3-23-15. Currently, the injured worker complains of right shoulder pain, bilateral hand pain, bilateral knee pain, and left thumb pain. The treating physician requested authorization for Indomethacin 50mg #125 and Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Indomethacin 50mg #125: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-Inflammatory drugs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in October 2013 and continues to be treated for bilateral knee, bilateral hand, right shoulder, and left thumb pain. When seen, pain was rated at 3-8/10 with constant pain affecting the right shoulder, right knee, bilateral hand, and left thumb. Physical examination findings included eight BMI of 55. Cervical compression testing caused pain. There was decreased and painful right shoulder range of motion with positive impingement testing. There was pain with supraspinatus and apprehension testing. There was decreased and painful knee range of motion with right knee tenderness. Right knee compression testing was positive. Norco and indomethacin were prescribed. Topical compounded cream was prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation.

Dosing of indomethacin is 25 mg 2-3 times per day with a maximum dose of 200 mg per day. In this case, the requested dosing is within guideline recommendations and medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-95.

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 injury in October 2013 and continues to be treated for bilateral knee, bilateral hand, right shoulder, and left thumb pain. When seen, pain was rated at 3-8/10 with constant pain affecting the right shoulder, right knee, bilateral hand, and left thumb. Physical examination findings included eight BMI of 55. Cervical compression testing caused pain. There was decreased and painful right shoulder range of motion with positive impingement testing. There was pain with supraspinatus and apprehension testing. There was decreased and painful knee range of motion with right knee tenderness. Right knee compression testing was positive. Norco and indomethacin were prescribed. Topical compounded cream was prescribed. 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. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.