

Case Number:	CM15-0181282		
Date Assigned:	09/22/2015	Date of Injury:	12/18/2013
Decision Date:	10/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/15/2015

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 51 year old male, who sustained an industrial injury on 12-18-13. Current diagnoses or physician impression includes left knee with internal derangement, cervicgia, thoracalgia, lumbalgia, right shoulder supraspinatus tendinosis (AC joint osteoarthritis), right elbow and hand pain and plantar fasciitis. His work status is total temporary disability. A report dated 7-11-15 reveals the injured worker presented with complaints that include right upper extremity pain. The pain radiates from his neck to his right shoulder and down his right arm to the elbow, ring, and small fingers. The pain is described as a dull to sharp ache and is rated 3-4 out of 10 with medication and 8 out of 10 without. His neck, low back and bilateral knees (left greater than right) is 3 out of 10, which occasionally will increase to 4 out of 10. A note dated 8-13-15 states the injured workers pain is 5-6 out of 10 for his back, shoulders and knees. Physical examinations dated 7-11-15 - 8-20-15 revealed a slow gait, right upper extremity "ac and ah" are tender to palpation, the lateral epicondyle is tender to palpation, the cervical spine with diffuse tenderness to palpation and inferior lumbar spine is tender to palpation. Treatment to date has included the medications Norco (May, 2015), and Xanax (in the past), right knee ACL repair, left knee arthroscopy (8-14-15) and chiropractic care, which has decreased low back pain, per note dated 7-23-15. Diagnostic studies to date have included x-rays, MRI of the left knee (2014), right shoulder (2014) and lumbar spine (2015).

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 165 with 0 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in December 2013 and is being treated for chronic pain including bilateral knee, right shoulder, elbow, hand, and neck and radiating low back pain. His injury occurred while working as a prison guard. Medications are referenced as decreasing pain from 8/10 to 3-4/10. When seen, his BMI was 46. There was decreased cervical and lumbar range of motion. Medications were refilled including Norco with a tapering of dose. 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. The total MED is less than 120 mg per day consistent with guideline recommendations and weaning to the lowest effective dose is being appropriately done. Continued prescribing was medically necessary.