

Case Number:	CM15-0187436		
Date Assigned:	09/29/2015	Date of Injury:	06/16/2005
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/23/2015

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 68 year old male, who sustained an industrial injury on 06-16-2005. The injured worker is currently retired. Medical records indicated that the injured worker is undergoing treatment for chronic pain disorder, primary osteoarthritis of both knees, right hip pain, and low back pain. Treatment and diagnostics to date has included medications. Recent medications have included Hydrocodone-acetaminophen (5-325mg take 1 tablet 2-3 times a day as needed for severe pain since at least 02-27-2015) and Ibuprofen. After review of progress notes dated 06-04-2015 and 09-04-2015, the injured worker reported knee pain and rates his pain an 8 when "first getting up or walk after sitting for a while" and "often he waits to take a Norco til the night and this brings it down to a 2 or a 3". No objective findings noted in progress report but treating physician noted that the injured worker is "still helping a little with the housework like the laundry and the vacuuming and fixing things that are broken". The request for authorization dated 09-08-2015 requested Hydrocodone-Acetaminophen 5-325mg 1 (tablet) 2 to 3 times a day #210 for 3 month supply. The Utilization Review with a decision date of 09-14-2015 modified the request for Hydrocodone-Acetaminophen 5-325mg #210 (3 month supply) to Hydrocodone- Acetaminophen 5-325mg #105.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #210 (3 month supply): 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 June 2005 and is being treated for knee and hip pain with a diagnosis of osteoarthritis. Medications are referenced as decreasing pain from 7-8/10 to 1-2/10 within 15 minutes after taking Tylenol and Norco with ability to walk and with improved sleep. When seen, there was no examination recorded. Prior examinations document ambulating with a cane and a body mass index over 27. Norco was refilled for three months at a total MED (morphine equivalent dose) of 35 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. 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 and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. According to the California Medical Board Guidelines for Prescribing Controlled Substances for Pain, patients with pain who are managed with controlled substances can be seen monthly, quarterly, or semiannually. Continued prescribing is considered medically necessary and with prescribing guidelines.