MAXIMUS Federal Services

Case Number:	CM15-0191439		
Date Assigned:	10/05/2015	Date of Injury:	04/12/2010
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: Montana
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male, who sustained an industrial injury on 4-12-10. The injured worker was diagnosed as having right knee meniscal tear, right lower extremity complex regional pain syndrome or reflex sympathetic dystrophy, left knee sprain or strain, and lumbar spondylosis with facet arthropathy and disc protrusions. Treatment to date has included right knee arthroscopic surgery on 7-17-10, a second right knee surgery on 11-5-10, left knee arthroscopic surgery on 5-1-15, at least 14 physical therapy visits, lumbar sympathetic blocks, right lumbar sympathetic ganglion block, chiropractic treatment, use of a knee brace, and medication including Tramadol ER, Norco, Gabapentin, Celebrex, and Dendracin lotion. Physical examination findings on 8-18-15 included bilateral lumbar paraspinous tenderness form L3-S1 with 1+ palpable muscle spasms. Lumbar range of motion was limited secondary to pain. Tenderness was noted over the entire knee region. Hypesthesia in the right L5-S1 dermatomes was also noted. On 8-18-15, the treating physician noted “the patient reports 30-40% improvement in pain levels and function with this current medication regimen. He notes improved ability to ambulate and stand. He noted improved ability to participate in his activities of daily living.” On 7-16-15 and 8-18-15, pain was rated as 6 of 10 with medications and 9 of 10 without medication. The injured worker had been taking Norco since at least January 2015. On 8-18-15, the injured worker complained of right knee pain and low back pain. The treating physician requested authorization for Norco10-325mg #120. On 8-28-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/ acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case, the medical records indicate that the injured worker has used Norco since at least January 2015. The records do document specific functional improvement with improved tolerance to walking and standing as well as performance of ADLs. Pain relief is 30-40% with the current regimen. Pain scores are 6/10 pain with medications and 9/10 without. There is documentation of urine drug testing that is consistent with current prescriptions. There is documentation of no aberrant behaviors or evidence of misuse. Treatment is provided by a pain specialist with diagnoses of multiple conditions that result in significant chronic pain. Ongoing use of Norco is consistent with the MTUS guidelines. The request for Norco 10/325mg #120 is medically necessary.