

Case Number:	CM15-0200712		
Date Assigned:	10/15/2015	Date of Injury:	12/19/1998
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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 male who sustained an industrial injury on 12-19-1998. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral carpal tunnel syndrome, bilateral ulnar neuritis, lumbar degenerative disc disease, right shoulder degenerative changes and left ankle arthritis. The injured worker is status post right shoulder arthroscopy (no date documented), left shoulder arthroscopy times 2 with decompression and distal clavicle excision in 2009, right carpal tunnel release in 2010, left carpal tunnel release in 2011 and bilateral knee arthroscopies (no date documented). According to the treating physician's progress report on 09-14-2015, the injured worker continues to experience bilateral shoulder pain, left greater than right, with radiating pain from the left shoulder to the left elbow. The injured worker rated his left shoulder pain at 7 out of 10 on the pain scale and right shoulder pain as 6 out of 10. His low back pain has remained unchanged at 8 out of 10, right knee at 8 out of 10 and left knee pain at 6 out of 10 on the pain scale. Overall the injured worker rated his pain with medications at 9 out of 10 and without medications at 10 out of 10. Examination of the shoulders demonstrated tenderness over the left anterior shoulder and acromioclavicular joint. Decreased range of motion was noted bilaterally, left worse than right shoulder. Examination of the lumbar spine demonstrated tenderness over the right lower lumbar spine with spasm and positive straight leg raise at 45 degrees on the right. Active range of motion was noted as flexion at 45 degrees, extension at 10 degrees and bilateral lateral bending at 15 degrees each. The injured worker ambulates with an antalgic gait using a single point cane and un-loader brace on the right knee. The right knee was tender over the medial joint line with

range of motion documented as flexion 110 degrees and 0 degrees extension. The left knee range of motion was 125 degrees flexion and 0 degrees extension. Prior treatments have included diagnostic testing, multiple surgeries, physical therapy, home exercise program and medications. Current medications were listed as Norco 10mg-325mg three times a day (since at least 08-2015), Naprosyn twice a day, Lyrica and Prilosec. A urine drug screening was performed at the office visit on 09-14-2015. There were no urine drug screening reports submitted for review. Treatment plan consists of continuing with home exercise program, knee brace, medication regimen and the current request for Norco 10mg-325mg #100. On 10-02-2015 the Utilization Review modified the request for Norco 10mg-325mg #100 to Norco 10mg-325mg #50 with 0 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: 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 has a remote history of a work injury occurring in December 1998 and continues to be treated for right knee, bilateral shoulder, and radiating low back pain. He has a surgical history of bilateral knee arthroscopies, a left subacromial decompression and rotator cuff repair in July 2009, and bilateral carpal tunnel release surgeries in July 2010 and January 2011. In August 2015 medications were decreasing pain from 10/10 to 7-8/10 with improved activities of daily living and increased sitting, standing, and walking tolerances. When seen in September 2015 medications were only decreasing pain from 10/10 to 9/10. The assessment, however, continues to reference improvement in activities of daily living and positional tolerances. Physical examination findings included a body weight over 230 pounds. There was left anterior shoulder and acromioclavicular joint tenderness. Shoulder range of motion was decreased. There was decreased lumbar spine range of motion with right lower lumbar tenderness and spasms. Straight leg raising was positive on the right side. There was right knee medial joint line tenderness. Knee range of motion was decreased bilaterally. There was an antalgic gait with use of a cane and medial un-loader brace for the right knee. Norco was being prescribed and was continued at 10/325 mg #100 without refill. 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 used for intermittent or breakthrough pain. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking consistent with his history of injury and surgical procedures. Norco was being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and, although medications were providing variable decreased pain, improved activities of daily living and activity tolerances are referenced with specific examples given. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing with ongoing assessment was medically necessary.