

Case Number:	CM15-0041983		
Date Assigned:	03/11/2015	Date of Injury:	11/05/2004
Decision Date:	04/15/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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 male who sustained an industrial injury on 11/5/04 from a slip and fall causing him to land on both knees. He currently experiences constant pain in both knees but with more pain on the right. In addition he has low back pain on the right side due to limping. His activities of daily living are limited in that he cannot kneel and has difficulty with stairs and can do limited walking and standing. He also is experiencing sleep disturbances. There were no specific medications mentioned. Diagnoses include probable degeneration and torn meniscus, right knee; status post arthroscopy and debridement, left knee; lumbar strain and degenerative joint disease. Treatments included post-operative physical therapy. Diagnostics include MRI of the left knee resulting in some initial improvement. Norco 10/325 mg, 1-2 times per day #75 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #75: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86
Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in November 2004 and continues to be treated for knee pain. Treatments have included arthroscopic surgery, physical therapy, and medications. 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. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking as well as baseline pain consistent with his history of injury and surgery. 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, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. His total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.