

Case Number:	CM15-0047918		
Date Assigned:	03/20/2015	Date of Injury:	10/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 44-year-old male, who sustained an industrial injury on 10/09/2012. He reported placing a pipe with a machine and the assistance of other coworkers when a vehicle hit the pipe causing the pipe to land on the injured worker's right knee then rolled onto the calf on the right lateral side landing on the right lateral foot near the ankle and on top of the foot. The injured worker was diagnosed as having third and fourth metatarsal fractures to the right foot and right knee pain. Treatment to date has included cortisone injection, magnetic resonance imaging of the right knee, x-rays of the foot and ankle, and medication regimen. In a progress note dated 01/29/2015 the treating provider reports complaints of right knee and ankle pain that is rated a nine out of ten, a four out of ten with medication at its best, and a ten out of ten without medication. The treating physician requested the medication Norco 10/325mg tablets one every four to six hours as needed for severe pain not relieved by Tylenol with a quantity of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing right knee and ankle pain. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 45 tablets of Norco (hydrocodone with acetaminophen) 10/325mg is not medically necessary.