

Case Number:	CM15-0061844		
Date Assigned:	04/07/2015	Date of Injury:	07/09/2008
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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 50 year old female who sustained an industrial injury on 7/9/08. She has reported a knee and leg injury after slipping on the floor. The diagnoses have included lumbar degenerative disc disease (DDD), lumbar radiculopathy, chronic low back derangement as a result of gait alteration, osteoarthritis of the ankle and foot. Status post multiple knee and Achilles tendon surgeries. Treatment to date has included epidural steroid injection (ESI), facet blocks, surgery, physical therapy and medications. The Magnetic Resonance Imaging (MRI) of the lumbar spine was performed on 5/23/11 and the Magnetic Resonance Imaging (MRI) of the right knee was done on 2/20/12. Currently, as per the physician progress note dated 2/16/15, the injured worker complains of bilateral shoulder pain, bilateral arm pain, back pain bilateral leg and feet pain and neck pain. It was noted that the reduction in the Norco has increased her pain from a 6/10 on the pain scale to 6.5/10 on the pain scale with decreased activity levels. The pain was described as aching, sharp, throbbing, shooting and burning. The current pain was rated 6/10, average pain was rated 6/10 and shed states pain relief with medication and treatment was 40 percent. There was also associated numbness in the ankles and back with needle sensation in the ankles. Physical exam revealed antalgic gait with cane and ability for toe raise. The physician noted that he will begin to wean Norco and MS Contin, determine status of epidural steroid injection (ESI) and gastrointestinal consult and follow up will be scheduled in 2 weeks. The urine drug screen dated 6/18/14 was consistent with medications prescribed. The physician requested treatment included Norco 10/325/mg #45 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325/mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM chapter 6 Pain.

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 July 2009 and continues to be treated for chronic pain. The treating provider documents decreased pain by 50% with medications. MC Contin and Norco are being prescribed at a total MED (morphine equivalent dose) of 105 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 providing significantly decreased pain. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.