

Case Number:	CM14-0215813		
Date Assigned:	01/05/2015	Date of Injury:	07/19/2006
Decision Date:	02/20/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabn, 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:

According to the records made available for review, this is a 50-year-old female with a date of injury on 07/19/2006. Documentation from 04/17/2014 indicated that while walking down a stairway at work the injured worker was grabbing the hand rails with both hands wearing wet gloves, when she twisted her right ankle causing her to slip and subsequently twist the left ankle. The injured worker also noted pain in the back, right ankle, and right leg. Documentation from 04/17/2014 indicated the diagnoses of chronic lumbar back pain with multilevel disc bulges, chronic radicular symptoms with the right being greater than the left, bilateral sacroiliac tenderness, bilateral trochanteric pain, depression secondary to injury, and left knee pain status post left knee surgery. Subjective findings from 09/23/2014 were remarkable for pain in the lower back, bilateral knees, right ankle, right foot, left foot, and left ankle with a pain rating of five on the scale of one to ten. Physical examination performed on this date was remarkable for tenderness to the bilateral knees and swelling of the bilateral knees with the left greater than the right. Range of motion was remarkable for anteflexion of the trunk on the pelvis with 45 degrees of flexion and 5 degrees of extension; rotation of 20 degrees to bilateral knees and lateral flexion of 10 degrees to the bilateral knees. Physician examination also noted para lumbar tenderness from lumbar two to lumbar five to sacral one with lumbar spasm, bilateral sacroiliac tenderness, and bilateral trochanteric tenderness. Physician's First Occupational Report from 04/17/2014 noted lumbar magnetic resonance imaging results from 04/27/2009 that was remarkable for disc bulges with annular fissures and cenetral protrusion at lumbar three to lumbar four through lumbar five to sacral one. Magnetic resonance imaging of the right ankle from 09/24/2007 was

remarkable for a chronic grade II sprain involving the anterior talofibular ligament. Medical records provided refer to prior treatments and therapies that included the lumbar epidural steroid injection, orthopedic consultation, course of physical therapy, home exercise program, Toradol injections, and a medication history of Norco, Gabapentin, Ibuprofen, Nexium, Propranolol, Lodine, Lexapro, Omeprazole, Lunesta, Prozac, Effexor, Prevacid, Ultracet, Tizandine, Elavil, and Flexeril. While documentation provided included physical therapy progress notes, there was no documentation of quantity, treatment plan, or results of prior physical therapy with regards to functional improvement, improvement in work function, or in activities of daily living. The medical records provided also did not indicate the effectiveness of the injured worker's medication regimen with regards to functional improvement, improvement in work function, or in activities of daily living. Medical records from 09/23/2014 noted a work status of working with no restrictions. On 11/20/2014, Utilization Review non-certified the prescription for Norco 10/325mg. The Utilization Review based their decision on ACOEM, 2014, Opioids, noting that there was a lack of information with regards to the injured worker's opioid use history, opioid contract, side effects, effects on function, compliance, lack of severe disorders that would attribute for pain, other treatment failures, aberrant behavior, and urine drug screen results. The Utilization Review also noted that short-acting opioids should be avoided as treatment for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, which 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. 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. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.