

Case Number:	CM15-0110371		
Date Assigned:	06/16/2015	Date of Injury:	05/28/2007
Decision Date:	07/15/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	06/08/2015

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 62-year-old male, who sustained an industrial injury on 05/28/2007. The injured worker was noted to have felt a loud pop followed by immediate pain. He was lateral diagnosed with a meniscal tear and underwent [REDACTED] surgery in 03/2008, which was noted not to help. On provider visit dated 04/21/2015 the injured worker has reported right knee pain associated with swelling. On examination of the right knee was noted to be swelling, no crepitus at the patella. Tenderness was over the medial aspect at the joint line. The diagnoses have included chronic pain syndrome and primary localized osteoarthritis-specified site - right knee. Treatment to date has included medication, which included Norco and Naproxen, physical therapy, surgery, chiropractic therapy and injections. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity submitted for review. The provider requested Norco 10/325mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30 with 2 refills: Overturned

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

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

Decision rationale: The claimant sustained a work injury in May 2007 and continues to be treated for right knee pain. When seen, he was having swelling and stiffness with occasional popping and clicking. There was right knee medial joint line tenderness. He appeared to be in mild discomfort. Medications being prescribed include Norco referenced as allowing the claimant to remain active including working on cars. It was being prescribed at a total MED (morphine equivalent dose) of 10 mg per day. 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 or addiction and medications are allowing for an improved activity level and quality of life. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.