

Case Number:	CM15-0110835		
Date Assigned:	06/17/2015	Date of Injury:	05/30/2014
Decision Date:	07/21/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 54 year old male sustained an industrial injury on 5/30/14. He subsequently reported right knee pain. Diagnoses include right knee medial meniscal tear, right knee pain and left greater trochanteric bursitis. Treatments to date include x-ray and MRI testing, knee surgery, injections, physical therapy, knee brace and prescription pain medications. The providers note (PR-2) on 5/11/2015 reported the injured worker continued to experience left hip, bilateral knee and left ankle pain. The patient was able to stop Ultram but not able to stop or decrease Norco due to withdrawal symptoms. Catapres did not suppress the withdrawal symptoms. Upon examination, there was 5/ 5 strength and active range of motion in all extremities except for 4/5 strength with right hip flexion and 4/ 5 strength with right knee flexion, both of which are limited secondary to pain. There was tenderness to palpation along medial and inferior aspects of the right knee. There was tenderness to palpation along left sided greater trochanter of the femur. Gait was appropriate without signs of antalgia. A request for Norco medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. Although there is no documentation in the records available for review that the present provider used first-line medications before starting opioid therapy, this provider began treating the patient after he was already started on this opioid medication. In fact, the provider is attempting to wean the patient from use of opioids. The provider is appropriately monitoring for abuse and has documented effectiveness of this medication in lessening pain. Medical necessity for continued use of this medication has been established. The request is medically necessary.