

Case Number:	CM15-0115697		
Date Assigned:	06/24/2015	Date of Injury:	05/16/2011
Decision Date:	08/04/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 37-year-old male, who sustained an industrial injury on 5/16/2011. He reported unloading a portion of a machine onto a lift, when the item fell onto his left leg. He had a severe proximal tibial fracture and open reduction and internal fixation was performed. Subsequently, he had a partial hardware removal and arthroscopy with chondroplasty and partial medial meniscectomy on 5/16/2012. The injured worker was diagnosed as having pain in joint, lower leg. Treatment to date has included diagnostics, surgical interventions, transcutaneous electrical nerve stimulation unit, and medications. Currently, the injured worker complains of increased leg twitching at night and feeling like his legs are shaking. He reported that after standing on his legs all day at work, he feels his legs are becoming fatigued at night, also noting increased left knee pain at night. Pain was rated 5-6/10 with medications and 8-9/10 without. He was currently working part-time, modified duty. The physical examination of the left knee revealed tenderness on palpation, and decreased sensation. Medications included Norco, Neurontin, Motrin, Phenergan, Zantac, Benadryl, and Keflex. He was started on Gabapentin for neuropathic pain, noting this should help with pain and sleep. A refill of Hydrocodone was also recommended, noting functional improvement evidenced by working modified duty. Urine toxicology (3/20/2015) was documented as consistent with prescribed medications. No significant changes in pain or functional status were noted in several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines-Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 10/325 mg #180. Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects". The pt has had a significant injury causing severe proximal tibial fracture and open reduction and internal fixation was performed. Subsequently, he had a partial hardware removal and arthroscopy with chondroplasty and partial medial meniscectomy on 5/16/2012. The injured worker was diagnosed as having pain in joint, lower leg. Currently, the injured worker complains of increased leg twitching at night and feeling like his legs are shaking. Pain was rated 5-6/10 with medications and 8-9/10 without. He was currently working part-time, modified duty. The physical examination of the left knee revealed tenderness on palpation, and decreased sensation, so there are objective findings on exam, in addition to symptoms of pain. Medications included Norco, Neurontin, Motrin, Phenergan, Zantac, Benadryl, and Keflex. So he is already trying non opioid means of pain control with Neurontin and motrin. This medication is allowing her to function better as evidenced by the fact that he is working part-time. Urine toxicology (3/20/2015) was documented as consistent with prescribed medications. There is no evidence of aberrant behavior. There are no other opioid medications that have been certified at present, in his case. Considering all these factors, the medication Norco 10/325 mg #180 is medically necessary and appropriate at this time for this patient.