

Case Number:	CM15-0175014		
Date Assigned:	09/09/2015	Date of Injury:	01/25/2005
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/04/2015

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 46 year old male who sustained an industrial injury on January 25, 2005, resulting in pain or injury to the head, lumbar spine, and left knee. Currently, the injured worker reports lumbar spine pain and left knee pain. A review of the medical records indicates that the injured worker is undergoing treatment for status post left knee arthroscopy on December 1, 2009, post-concussive syndrome, left knee mild multi-compartmental degenerative joint disease per x-rays dated 7/10/2014, and mechanical low back pain. Per the Primary Treating Physician's progress report dated July 6, 2015, noted the injured worker presented with complaint of overall pain rated as 7-8 out of 10 in severity on the subjective pain scale, with the most significant pain over the lumbar spine. The Physician noted the pain values were "respective" to those given on the previous visit of May 13, 2015. The injured worker noted that the Norco reduced his pain levels to a 5 out of 10 and he was able to endure longer periods of ambulation. The Physician noted "New prescription given today for Norco 7.5-325 mg #30, one orally daily as needed, with zero refills. This is a 30% reduction from the previous prescription written on 05-13-2015." The documentation provided also indicates that as of April 1, 2015, the injured worker reported difficulty with self-care, physical activities, sensory problems, lifting, driving and riding greater than 30 minutes, and difficulty obtaining a restful sleep, feeling fatigued. The injured worker's work status was noted to be permanent and stationary, having not worked since 2006. The Treating Physician's report dated July 16, 2015, noted the injured worker "is seeing an improvement in daily activities, but his pain is essentially the same and he is having significant challenges with his activities of daily living (ADLs)". The Primary Treating Physician's report

dated August 3, 2015, noted the injured worker's pain levels at 7.5 to 8 out of 10, with pain levels often at 6 out of 10, reduced to 4.5 to 5 out of 10 with his pain medications including Norco, capable of doing certain activities of daily living (ADLs) including grocery shopping while utilizing these medications. The medications had not returned him to work. Physical examination was noted to show the injured worker noted to ambulate with a mildly antalgic gait with use of a single point cane, and negative sitting straight leg raise bilaterally. The Physician decreased the potency of the requested Norco to 5-325mg, a decrease of 2.5mg of the Hydrocodone. The treating physician indicates that a MRI of the lumbar spine was noted to show varying degrees of posterior disc protrusion at L3-L4, L4-5, and L5-S1. Prior treatments have included physical therapy, chiropractic treatments, and medications, including Norco, prescribed since at least April 1, 2015. The request for authorization was noted to request one pain management consultation and one prescription of Norco 5-325mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in January 2005 and is being treated for left knee and low back pain. He underwent left knee arthroscopy in December 2009 and has current x-ray findings of mild multi compartmental degenerative joint disease. Medications are referenced as decreasing pain from 7.5-8/10 to 4.5-5/10 with improved ambulation tolerance and capability for activities of daily living. When seen, he was having left knee and low back discomfort. An epidural injection had been recommended but was declined due to anxiety. Physical examination findings included a BMI of over 40. There was decreased lumbar spine range of motion with spinous process tenderness. There was an antalgic gait with use of a cane. Medications were being weaned to the lowest effective dose. 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. The claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when standing and walking due to obesity and degenerative joint disease. In this case, Norco is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing what is considered a clinically significant decrease in pain with improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.