

Case Number:	CM15-0177621		
Date Assigned:	09/18/2015	Date of Injury:	04/16/2014
Decision Date:	10/30/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 37-year-old male, with a reported date of injury of 04-16-2014. The diagnoses include cervical spine sprain and strain, lumbar spine sprain and strain, internal derangement of the right knee, rule out meniscus tear, right ankle sprain and strain, right knee fractures, and status post right knee arthroscopy and medial meniscectomy. Treatments and evaluation to date have included Tramadol, Anaprox, physical therapy for the right ankle and foot, right knee arthroscopy with partial lateral meniscectomy, medial plica resection and chondroplasty of the femoral groove on 05-14-2015, a Sudoscan on 04-30-2015, and Norco (since at least 01-2015). The diagnostic studies to date have included an MRI of the lumbar spine on 02-14-2015 which showed left posterolateral disc protrusion at L4-5, posterior disc protrusion and extrusion at L5-S1; and an MRI of the right knee on 02-17-2015 which showed grade 2 signals versus grade 3 tears in the posterior and anterior horns of the lateral meniscus, grade 3 tear versus grade 2 signal in the posterior horn of the medial meniscus as well as the anterior horn of the medial meniscus, joint fluid, and chondromalacia patellae. The progress report dated 07-29-2015 indicates that the injured worker complained of right ankle pain, which was rated 7-8 out of 10; low back pain, which was rated 7 out of 10; and right knee pain, rated 5- 6 out of 10. He currently used Norco 1-2 per week as needed and Anaprox, two per day as needed for pain and inflammation. It was noted that the injured worker reported functional improvement and improvement in pain with his current medication regimen. He rated his pain 5- 6 out of 10 with medication, and 8 out of 10 without medication. The injured worker reported improvement with activities of daily living as a result of his current medication usage. On 06-29-2015, the injured worker rated his right knee pain 5 out of 10, his right ankle pain 5 out of 10, and his low back

pain 3 out of 10. On that same day, he indicated that his pain was rated 6 out of 10 with medication and 8 out of 10 without medication. The objective findings include tenderness of the midline lumbar spine and right low back; normal active range of motion of the lumbar spine; tenderness over the lateral joint line of the right knee; tenderness over the lateral aspect of the right ankle; decreased right knee flexion; and normal right ankle range of motion. The treatment plan included a prescription for Norco 10-325mg #30, one tablet one to two times a day as needed. It was noted that the injured worker was not working at that time. The treating physician stated that an opioid treatment agreement was reviewed with the injured worker on the day of the visit, and the injured worker agreed to "abide by the rules." The injured worker has been instructed to remain off work until 09-12-2015. The request for authorization was dated 07-29-2015. The treating physician requested Norco 10-325mg #30. On 08-15-2015, Utilization Review (UR) modified the request for Norco 10-325mg #30 to Norco 10-325mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in April 2014, underwent an arthroscopic right knee medial meniscectomy in May 2015 and is being treated for low back and right knee pain. Medications are referenced as decreasing pain from 8/10 to 5-6/10. When seen, he was participating in physical therapy and was using an H-wave unit. He reported taking Norco 1-2 times per week and was also taking Anaprox. Physical examination findings included lumbar and right gluteal tenderness. There was decreased right knee and ankle range of motion with tenderness. His weight was approximately 250 pounds. 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 providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. However, the quantity being requested is in excess of the claimant's reported use of this medication. Continued prescribing of this quantity of Norco was not medically necessary.