

Case Number:	CM15-0098517		
Date Assigned:	05/29/2015	Date of Injury:	11/15/2005
Decision Date:	06/30/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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 was a 60 year old male, who sustained an industrial injury, November 16, 2005. The injured worker previously received the following treatments Norco, Ibuprofen, Omeprazole, Terazosin, Wellbutrin, right hip replacement and right knee replacement. The injured worker was diagnosed with cervical spine pain, disc annular tears of C5-C6, C6-C7 disc osteophyte complex at C5-C6 and C6-C7, left hip replacement, status post arthroscopic right knee surgery, right knee replacement and right hip replacement. According to progress note of March 31, 2015, the injured workers chief complaint was right knee pain. The injured worker was experiencing aching, feeling of weakness and muscle pain. The pain was aggravated by activity and walking. Alieving factors were ice, lying down and narcotics. The pain was aching, burning, localized, throbbing, tightness and stiffness. The pain was rated at 6 out of 10. The hip pain was described as aching and feelings of weakness. The injured worker indicated bending worsens condition, lying down improves condition and narcotics improves condition. The severity of the pain was 4 out of 10. The physical exam noted leg pain, hip pain, and back pain, joint and musculoskeletal symptoms. The injured worker had joint swelling, difficulty and limited exercise, joint pain, difficulty getting out of the chair. There was still limited range of motion to the left hip after replacement. There was right hip tenderness with limited range of motion with a well healed surgical scar which was unchanged from prior evaluations. The deep tendon reflexes were abnormal and unable to elicit on the patella. There were clear findings of a trochanteria bursitis. The treatment plan included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 74-95, 124.

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

Decision rationale: The claimant sustained a work injury in November 2005 and continues to be treated for chronic hip and knee pain. Medications are referenced as decreasing pain by 90% and allowing for improved activities of daily living including being able to care for himself and his grandchildren. When seen, he had improved after a left total hip replacement. Physical examination findings included decreased hip and knee range of motion. Medications prescribed included Norco at a total MED (morphine equivalent dose) of 60 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 providing pain control. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.