

Case Number:	CM15-0098826		
Date Assigned:	06/01/2015	Date of Injury:	06/01/2009
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
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 is a 61 year old male who sustained an industrial injury on 06/01/2009. Current diagnoses include shoulder joint pain, lower leg pain, sacroiliac spine strain, lumbar degenerative disc disease, and post laminectomy syndrome. Previous treatments included medication management, back surgery, ankle surgery, left knee surgery, left wrist surgery, left shoulder surgery, left knee brace, and chiropractic. Report dated 03/26/2015 noted that the injured worker presented with complaints that included continued pain. Pain level was 4 out of 10 on a visual analog scale (VAS) with medications. It was noted that the injured worker has tried and failed NSAID's and Tylenol OTC for his pain. Physical examination was positive for an antalgic gait, cannot heel toe walk on the left, decreased range of motion of the back due to pain, positive sensory deficits in the L4-5 dermatomes on the left, weakness in the left leg and hip with extension, limited range of motion in the left knee, positive guarding, positive crepitus, positive tenderness in the left knee, and positive left knee swelling. The treatment plan included reviewing and refilling medications which included Soma and Norco, and awaiting authorization for massage and aqua therapy. Disputed treatments include 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 for chronic pain.

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

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for chronic pain. When seen, Norco is referenced as increasing pain by 50% from 8-10/10 to 4-5/10 and allowing for increased walking and household activities. Physical examination findings included an antalgic slow gait with decreased and painful lumbar spine range of motion. He had decreased left knee range of motion with weakness, guarding, tenderness, crepitus, and swelling. He was wearing a knee brace. Medications included Norco being prescribed 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, the claimant is expected to have somewhat predictable activity related pain (i.e. incident pain) when standing and walking. 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 pain control and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.