

Case Number:	CM14-0102612		
Date Assigned:	07/30/2014	Date of Injury:	06/24/2012
Decision Date:	10/06/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of June 24, 2012. A utilization review determination dated June 24, 2014 recommends non-certification of Norco. A progress note dated February 25, 2014 indicates that prescription medication, physical therapy, and rest help reduce the patient's right hip pain. A progress note dated June 17, 2014 identifies subjective complaints of right groin pain which radiates down her right leg and low back on the right side. The pain is temporarily relieved with Norco, but the patient is out of medication. Current medications include Synthroid, Lipitor, blood pressure medication, naproxen, and Norco. Objective examination findings reveal tenderness to palpation in the right groin with normal sensation and no motor deficits in the lower extremities. The diagnoses include myofascial pain, major depression, and nonunion of right superior and inferior pubic ramus. The treatment plan states that the patient's nonunion will not heal without surgery. She is therefore awaiting a consultation with a specialist. In the meantime, the patient desires conservative treatment. A prescription for Norco 10/325 will be given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids; opioids, dosing, Opioid Dosing Calculator

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 76-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or specific documentation that Norco is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Norco is not medically necessary.