

Case Number:	CM14-0182100		
Date Assigned:	11/06/2014	Date of Injury:	11/04/2011
Decision Date:	12/11/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Medicine and is licensed to practice in Utah. 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:

The patient is a 48 year-old female. The patient's date of injury is 11/4/2011. The mechanism of injury is stated as lifting a heavy patient as a caregiver. The patient has been diagnosed with disc disorder lumbar, lumbar radiculopathy, hip bursitis, pain in the lower leg, and Dizziness. The patient's treatments have included imaging studies, and medications. The physical exam findings dated Nov 10, 2014 states the patient is in no acute distress. The gait is reported as antalgic, with no devices. The lumbar spine shows no abnormal curvature to the spine. Motor strength of the EHL is noted as on the right, and on the left. Sensory exam is reported as light touch sensation decreased over the lateral foot and lateral calf on the right side. Reflexes are noted as normal in the upper and lower extremities. The patient's medications have included, but are not limited to, Cymbalta, Skelaxin, Zanaflex, Motrin, Lyrica, Amitriptyline, Gabapentin and Norco. The request is for Norco. There has been a taper of Norco recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone/acetaminophen 10/325 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.