

Case Number:	CM14-0184240		
Date Assigned:	11/12/2014	Date of Injury:	12/23/2003
Decision Date:	12/15/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine 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:

The injured worker (IW) is a 47-year-old woman with a date of injury of December 23, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the progress noted dated August 28, 2014, the IW reported daily episodes of right ankle, sharp and burning pain rated 0-6/10. At the most recent examination, objective findings include tight left piriformis and quadriceps muscles. The IW was diagnosed with chronic pain syndrome in the ankles and feet, sacral sprain/strain, iliac sprain/strain, quadriceps sprain/strain, lumbar sprain/strain, and piriformis sprain/strain. The provider recommended 30-minute baths as needed, prescribed Norco, and recommended osteopathic manipulation in the affected areas as treatment. The IW was attempting to increase activity levels, which caused pain. Documentation in the medical record indicated that the IW has been taking Norco since at least May of 2014 with no return to work and no reduction in the dependency on continued medical care. There was no documentation of functional improvement with Norco use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing management of chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker has been on Norco since (at the latest) May 2014. The injured worker has not returned to work and there has been no reduction in the medical care provided. Although the injured worker has subjective pain relief, there is no evidence of objective functional improvement documented in the medical record. Functional improvement is defined as a clinically significant improvement in the activities of daily living, reduction in work restrictions and reduction in the dependency on continued medical treatment. Consequently, Norco 10/325 milligrams #120 is not medically necessary.