

Case Number:	CM14-0028768		
Date Assigned:	06/20/2014	Date of Injury:	05/04/1979
Decision Date:	08/13/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/06/2014

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 & Rehabilitation, 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 is a 55-year-old female who reported an injury after she fell off the back of a truck on 05/04/1979. The clinical note dated 05/02/2014 indicated diagnoses of pain in joint involving ankle and foot, tenosynovitis of foot and ankle, abnormality of gait, effusion of ankle and foot, chronic pain due to trauma, ankle fusion, low back pain, pain in joint involving lower leg, and muscle spasms. The injured worker reported right calf, left foot, left ankle, legs, back, and left shoulder pain. She reported aggravating factors included ascending stairs, bending, daily activities, descending stairs, jumping, running, and twisting. The injured worker reported factors that relieved her pain included pain medications and rest. The injured worker reported her pain score without medication was 10/10 and her pain score with medication was 8/10. The injured worker reported with medication she was able to do simple chores around the house and outside of the home; without medications, she had to stay in bed all day and she felt helpless and hopeless about life. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Soma, Norco, Omeprazole, Albuterol, Promethazine, Estradiol, Flector, Cetirizine, and Asmanex. The provider submitted a request for Norco. A request for authorization dated 05/02/2014 was submitted for Norco; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91, 78.

Decision rationale: The MTUS Guidelines state that Norco/hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The Guidelines recognize 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Although the injured worker reported functional improvement with the use of this medication, there is a lack of evidence of an evaluation of risk for aberrant drug use, behaviors, and side effects. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request is not medically necessary.