

Case Number:	CM14-0053649		
Date Assigned:	07/07/2014	Date of Injury:	05/05/2004
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational 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:

This is a 55-year-old female with a 5/5/04 date of injury. The injury occurred when she was performing her typical duties of employment. She was attempting to remove a case of water from a customer's cart, the customer was unfortunately pulling the cart away in the opposite direction. She reported back pain at the time, and the next day she reported my legs did not work at all. According to a 2/6/14 progress note, the patient complained of low back pain as well as right hip and right knee pain. She recently had left shoulder surgery and that the left shoulder is doing well. She stated that she felt as though the hip and knee on the right side are hurting as a result of her low back pain, which has caused her to have an altered gait. Objective findings: tenderness to palpation noted about the right side of the lumbar paraspinal musculature, active voluntary ROM of the thoracolumbar spine was limited, antalgic gait on right side, unable to perform heel and toe walk due to subjective pain in right hip and right knee. Treatment to date: medication management, activity modification, surgery. A UR decision dated 4/1/14 denied the request for Norco. There is documentation that does not appear to indicate any benefit from the medication. There is indication that this individual does dishes and laundry but there's no premedication use outline of functional status. Therefore, the records provided are inadequate to establish the ongoing need for chronic use of opioids and is not medically necessary.

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 x3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. According to a 1/9/14 progress note, the patient stated that her symptoms have been worsening despite utilizing Norco. In addition, in a 1/20/14 progress note, the patient stated that she had current pain levels of 9/10 and that her average pain was 10/10 and the impact on her life was 10/10. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325 mg #120 x3 is not medically necessary.