

Case Number:	CM14-0065409		
Date Assigned:	07/23/2014	Date of Injury:	08/02/1999
Decision Date:	08/27/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/08/2014

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 and is licensed to practice in Nevada. 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 67 year old female who was reportedly injured on 8/2/1999. The mechanism of injury was noted as an industrial injury. The most recent progress note dated 11/19/2013 indicated that there were complaints of left hip and right leg pain. The physical examination demonstrated positive tenderness to palpation in the right upper leg, knee, and tenderness over the left groin/hip region. There was a limited range of motion in all directions. There was 4/5 strength in lower extremities. The recent diagnostic studies were not available for review. Previous treatment included medications and conservative treatment. A request was made for Norco 10/325 mg #120 and was not certified in the pre-authorization process on 4/8/2014.

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 ACOEM Chapter 3 Initial Approaches to Treatment Page(s): :47-48,Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 of 127..

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The MTUS Chronic Pain Guidelines supports short-acting opioids for the short-term management of moderate to severe breakthrough pain. According to the MTUS Chronic Pain Guidelines, the management of opioid medications should include the lowest possible dose to improve pain and function, as well as an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary and appropriate.