

Case Number:	CM14-0071157		
Date Assigned:	06/30/2014	Date of Injury:	09/29/1999
Decision Date:	08/07/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 64 year-old female was reportedly injured on 9/29/1999. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/26/2014 indicates that there are ongoing complaints of low back pain, radicular pain down both legs, and left knee pain. The physical examination demonstrated lumbar spine range of motion is limited with pain. Positive tenderness to patellar jerk on the right side. Left tenderness over the sacroiliac joint. Knee: Right limited range of motion with pain. Tenderness over the medial joint line, mild swelling, positive McMurray's. Left: tenderness over the medial joint line, patellar dislocation. Ankle: unremarkable exam, minimal pain. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for Norco 10/325 #120, and was not certified in the pre-authorization process on 3/21/2014.

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 Chronic Pain Treatment Guidelines Hydrocodone (vocodin, lortab), Opioid Dosing Hydrocodone, and Opioid adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

Decision rationale: Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.