

Case Number:	CM14-0189758		
Date Assigned:	11/20/2014	Date of Injury:	12/10/2008
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Pain 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 sustained a work related injury on December 10, 2008, during the course of usual and customary occupation as a parks landscape maintenance assistant. The injured worker was noted to have received both conservative and aggressive treatments. A left hip MRI report dated April 16, 2013, noted the injured worker with back pain, pelvic pain, and left leg pain, with bilateral numbness and weakness. The MRI also noted to show a slight increase in the hip joint space fluid, mild tendinosis, and a mild subacute sprain at the right gluteus minimus tendon insertion site. A Physician note dated May 2, 2014, noted the injured worker with discomfort affecting the right greater than left hip. The injured worker's conservative treatments were noted to include a "Back on Track" program, physical therapy, home exercise program, and oral medications. The Physician noted the injured worker had undergone a L4 to the sacrum fusion. A Physician's noted dated October 14, 2014, noted the injured worker had a flare up of pain after falling at a sports arena which had abated. The injured worker reported mild pain affecting the central lumbar area, with physical examination noting pain on palpation of the midlumbar paraspinal; tissues left and right of the midline. The Physician's recommendation was noted to have the injured worker optimize the use of oral pain medication, reducing the number per day. On October 22, 2014, the Physician requested authorization of Norco 10/325mg #120. On October 28, 2014, Utilization Review evaluated the request for Norco 10/325mg #120, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the lack of documented MTUS opioid compliance guidelines including risk assessment profile, updated urine drug screen, ongoing efficacy, an updated and signed pain contract, and an attempt of weaning/tapering. The UR Physician recommended that to allow the provider and the injured worker time to submit the mandated documentation, and due to the risks of withdrawal

symptoms from abrupt discontinuation, the Norco 10/325mg was partially certified for #90. The decision was subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: The injured worker sustained a work related injury on December 10, 2008, during the course of usual and customary occupation as a parks landscape maintenance assistant. The injured worker was noted to have received both conservative and aggressive treatments. A left hip MRI report dated April 16, 2013, noted the injured worker with back pain, pelvic pain, and left leg pain, with bilateral numbness and weakness. The MRI also noted to show a slight increase in the hip joint space fluid, mild tendinosis, and a mild subacute sprain at the right gluteus minimus tendon insertion site. A Physician note dated May 2, 2014, noted the injured worker with discomfort affecting the right greater than left hip. The injured worker's conservative treatments were noted to include a "Back on Track" program, physical therapy, home exercise program, and oral medications. The Physician noted the injured worker had undergone a L4 to the sacrum fusion. A Physician's note dated October 14, 2014, noted the injured worker had a flare up of pain after falling at a sports arena which had abated. The injured worker reported mild pain affecting the central lumbar area, with physical examination noting pain on palpation of the midlumbar paraspinal; tissues left and right of the midline. The Physician's recommendation was noted to have the injured worker optimize the use of oral pain medication, reducing the number per day. On October 22, 2014, the Physician requested authorization of Norco 10/325mg #120. On October 28, 2014, Utilization Review evaluated the request for Norco 10/325mg #120, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the lack of documented MTUS opioid compliance guidelines including risk assessment profile, updated urine drug screen, ongoing efficacy, an updated and signed pain contract, and an attempt of weaning/tapering. Therefore, this request is not medically necessary.