

Case Number:	CM14-0202549		
Date Assigned:	12/15/2014	Date of Injury:	11/06/2009
Decision Date:	02/05/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/03/2014

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 Family Practice and is licensed to practice in Colorado. 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 32 year old female with a work related injury dated 11/06/2009 after a fall while attempting to grab a wheelbarrow while working as a seasonal farm employee. According to office visits dated 04/11/2014 and 05/30/2014, she presented with complaints of bilateral hip pain with a pain level of 8/10 with medications and 10/10 without medications. Diagnoses included headaches, dizziness, chronic pain, and psychosocial problems. Treatments have consisted of physical therapy and medications. Diagnostic testing included CT scan of the head dated 03/01/2012, which was normal. Work status is noted as unemployed. On 11/14/2014, Utilization Review denied the request for Norco 10/325mg 1 PO (by mouth) q4-6 hours prn (as needed) #60 citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. The Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 PO q4-6 hours PRN #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 79-80, 85, 88-89, and 91.

Decision rationale: The Guidelines establish criteria for use of opioids, including long term use (6 months or more). When managing patients using long term opioids, the following should be addressed: Re-assess the diagnosis and review previous treatments and whether or not they were helpful. When re-assessing, pain levels and improvement in function should be documented. Pain levels should be documented every visit. Function should be evaluated every 6 months using a validated tool. Adverse effects, including hyperalgesia, should also be addressed each visit. Patient's motivation and attitudes about pain / work / interpersonal relationships can be examined to determine if patient requires psychological evaluation as well. Aberrant / addictive behavior should be addressed if present. For the injured worker of concern, the documentation supplied for the injured worker was all dated more than 6 months ago. The records do not indicate that injured worker achieved any meaningful relief of pain in the last 6 months, or improvement in function with her regimen which included Norco. The records do not indicate any monitoring has been done including urine drug screens, or discussions of side effects and aberrant drug taking behavior. Without evidence that Norco use is effective and without evidence that Norco use is being monitored according to the Guidelines, the Norco is not medically necessary.