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| Case Number: | CM15-0009880 | | |
| Date Assigned: | 01/27/2015 | Date of Injury: | 05/26/2003 |
| Decision Date: | 03/23/2015 | UR Denial Date: | 12/22/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 63 year old male who sustained an industrial injury on 5/26/2003. He has reported low back pain and hip pain. The diagnoses have included osteoarthritis of the right hip and status post right hip total arthroplasty. Treatment to date has included total hip arthroplasty, physical therapy, gym membership, home exercises and medication management. Currently, the IW complains of low back and hip pain. Treatment plan included Norco 10/325 mg #60 with 2 refills. On 12/19/2014, Utilization Review modified the Norco 10/325 mg #60 with 2 refills to no refills for weaning, noting the lack of medical necessity. The MTUS was cited. On 1/12/2015, the injured worker submitted an application for IMR for Norco 10/325 mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone (Norco)-APAP 10/325mg, quantity: 60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. There is functional gain that has been documented with this medication, as well as successful return to work and reduced pain. According to the clinical documentation provided and current MTUS guidelines; Norco is indicated a medical necessity to the patient at this time.