

Case Number:	CM15-0148502		
Date Assigned:	08/11/2015	Date of Injury:	04/29/2014
Decision Date:	09/18/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 (n) 50 year old female, who sustained an industrial injury on 4-29-14. She reported pain in her right hip and back related to a slip and fall accident. The injured worker was diagnosed as having lumbago, sacroiliac joint dysfunction, trochanteric bursitis and pain in foot- leg-arm-finger. Treatment to date has included physical therapy x 12 sessions, a right sacroiliac joint, piriformis and trochanteric bursa injection on 3-19-15, a right shoulder MRI on 5-5-15, Ibuprofen and Norco since at least 1-8-15. On 5-12-15 the injured worker rated her pain a 4 out of 10 with medications and a 7 out of 10 without medications. As of the PR2 dated 6-9-15, the injured worker reports right hip pain. She noted that the medications help pain and allow her to do light housework, cooking and other things. The MRI of the shoulder shows a full thickness tear. She rates her pain a 4 out of 10 with medications and an 8 out of 10 without medications. Objective findings include decreased right shoulder range of motion and decreased cervical range of motion. The treating physician requested Norco 10-325mg #120 and an orthopedic surgery evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78-79.

Decision rationale: The patient is a 50 year old female with an injury on 04/29/2014. She had a slip and fall right hip and low back injury. She has been treated with NSAIDS, Norco since at least 01/08/2015, physical therapy and injections. MTUS, chronic pain guidelines for continued treatment with opiates require objective documentation of improved functionality with respect to the ability to do activities of daily living or work and monitoring for efficacy, adverse effects and abnormal drug seeking behavior. The documentation provided for review does not meet these criteria. The request is not medically necessary.