

Case Number:	CM15-0191913		
Date Assigned:	10/05/2015	Date of Injury:	04/29/2014
Decision Date:	11/18/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/29/2015

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: Texas, California
 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:

This is a 50 year old female patient, who sustained an industrial injury on 4-29-2014. The diagnoses include lumbago, trochanteric bursitis, myofascial pain syndrome, hip-pelvic pain, and sacroiliac joint dysfunction. Per the doctor's note dated 10/7/15, she had complaints of pain in the low back and left buttock. The physical examination revealed tenderness and pain with lumbar range of motion. Per the doctor's note dated 8-13-2015, the patient had complains of hip and shoulder pain, rated 5 out of 10 with medication and 10 out of 10 without (rated 4 out of 10 with medication and 8 without on 6-09-2015 and 5 out of 10 with medication and 9 without on 7-15-2015). The treating physician documented that she was "stable" on current dose of medication, denied side effects, and did not exhibit aberrant behavior. She reported that she was able to do laundry, shop, bathe, dress, garden, drive, brush teeth, and cook. Physical exam noted an overall well nourished and well developed appearance, with no acute distress. An exam of the shoulder and-or hip was not documented on 8-13-2015. The current medications list includes Ibuprofen and Norco 10-325mg every 4 hours as needed (since at least 1-2015). Previous medications included Biofreeze, PolarFrost, Lidoderm patch, Ultram, Flexeril, and nonsteroidal anti-inflammatory drugs. She has had lumbar spine MRI dated 7/18/14; right shoulder MRI dated 5/5/2015. She remained "off work". Urine toxicology testing was referenced as completed, not commented on consistent-inconsistent, and reports were not submitted. Her surgical history of C-section. Treatment to date has included diagnostics, physical therapy, injections to right sacroiliac joint, piriformis and trochanteric bursa on 3-19-2015, and medications. Per the

Request for Authorization dated 8-27-2015, the treatment plan included continued Norco 10-325mg (1 every 4 hours as needed) #120, non-certified by Utilization Review on 9-03-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 every 4 hours as needed for 30 days #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Norco 10/325mg 1 every 4 hours as needed for 30 days #120. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The patient has provided a documentation of response in regards to pain control. However, the records provided do not provide documentation of objective functional improvement with the opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Urine toxicology testing was referenced as completed, however it was not commented as to whether it was consistent or inconsistent, and reports were not submitted. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg 1 every 4 hours as needed for 30 days #120 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.