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| Case Number: | CM15-0201022 | | |
| Date Assigned: | 10/16/2015 | Date of Injury: | 06/27/2013 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Arizona, 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:

The injured worker is a 34 year old female who sustained an industrial injury on 06-27-2013. Medical records indicated the worker was treated for left hip pain that was diagnosed as left hip labral tear with femoral acetabular impingement status post labral repair 06-23-2015; Left Achilles flexion contracture; musculoligamentous sprain-strain lumbar spine. In the provider notes of 09-21-2015, the injured worker complains of pain rated a 6-7 on a scale of 0-10 without medications and a 3 on a scale of 0-10 with medications. She has difficulty ambulating, and has developed low back pain which is getting worse. Objective findings were an antalgic gait with use of crutches, downward bilateral Babinski's, normal lower extremity pulses bilaterally. She has minimal pain in the hip with range of motion. Range of motion decreased in the left hip. Range of motion is also decreased in the ankle with flexion contracture of the left Achilles. Swelling is noted around the ankle. Medications include Norco (since at least 03-17-2015) for severe pain and Flexeril (since at least 03-17-2015) for spasms. According to provider notes, she is weaning from Norco. The notes state that her urine toxicology screens were reviewed by the provider, but there is no further comment noting results of the toxicology. She has seen a podiatrist for a painful left foot and ankle has completed physical therapy and has been doing stretching exercises for the foot and ankle. A request for authorization was submitted for Norco 5/325mg #120 A utilization review decision 09-28-2015 denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. There was no mention of Tylenol, NSAID, or weaning failure. Although there was mention of weaning the claimant was on the same dose for the past 6 months. The continued use of Norco as above is not medically necessary.