

Case Number:	CM15-0204405		
Date Assigned:	10/21/2015	Date of Injury:	07/08/2012
Decision Date:	12/03/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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: North Carolina, Georgia
 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 55 year old female who sustained an industrial injury on 7-8-12. A review of the medical records indicates she is undergoing treatment for left hip degenerative joint disease, left hip trochanteric bursitis, chronic back pain, lumbar and cervical radiculopathy, lumbar spine disc herniation, chronic neck pain, chronic thoracic spine pain, and cervical myofascial pain (9-9-15, 9-18-15, and 9-29-15). Medical records (6-17-15, 8-3-15, 9-9-15, 9-18-15, and 9-29-15) indicate ongoing complaints of neck pain, mid back pain, low back pain, and left hip pain. On 6-17-15, she rated her pain as follows: mid back "5-10 out of 10", low back "4 out of 10", and left hip "5-10 out of 10". Since that time, her pain rating has been consistent with neck pain at "10 out of 10", mid back "5-10 out of 10", low back "10 out of 10", and left hip "9-10 out of 10" (8-3-15, 9-9-15, 9-18-15). The 9-29-15 record indicates left-sided groin pain. She reports that her pain level has "increased" since her last visit and that it is "worsening with time". She states that her activity level "continues to be limited by pain". She rates her pain "10 out of 10". The physical exam (9-29-15) reveals tenderness to palpation over the lateral hip and trochanteric bursa of the left hip. She has pain with internal and external rotation of the left hip. Range of motion is limited. The physical exam (9-18-15) reveals a mildly antalgic gait. Atrophy is noted of the left calf. Tenderness to palpation is noted over the left lower lumbar paraspinal regions. Pain is noted with lumbar facet loading bilaterally, affecting the left side greater than the right. Tenderness to palpation is noted in the midline of the thoracic and lumbar spine and bilateral thoracic and lumbar paraspinals with spasms. Range of motion is diminished in the cervical, thoracic, and lumbar spine. Diagnostic studies have included MRIs of the thoracic and

lumbar spine, as well as EMG-NCV studies of bilateral upper and lower extremities. Treatment has included chiropractic treatment, physical therapy, a home exercise program, trigger point injections, 2 epidural injections of the lumbar spine, a left hip steroid injection, and medications. Her medications include Norco, Clonazepam, Prazosin, and Metaxalone. She has been receiving Norco since, at least, 5-26-15. The utilization review (10-2-15) includes a request for authorization of Norco 10-325mg #90. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco.