

Case Number:	CM15-0208752		
Date Assigned:	10/27/2015	Date of Injury:	05/04/2010
Decision Date:	12/08/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/23/2015

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 64 year old female who sustained an industrial injury on 5-4-10. The injured worker reported left hip pain. A review of the medical records indicates that the injured worker is undergoing treatments for pain in hip and thing. Medical records dated 9-14-15 indicate left hip pain rated at 3 out of 10. Provider documentation dated 9-14-15 noted the work status as remain off work until 10-14-15. Treatment has included computed tomography, cortisone injection, physical therapy, Norco since at least March of 2015, status post open reduction and internal fixation of right patella fracture (4-22-15), and Naprosyn. Objective findings dated 9-14-15 were notable for "localized tenderness left hip and pain on the extremes of flexion and extension and rotation." The original utilization review (9-28-15) partially approved a request for Norco 7.5 mg bid #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5 mg bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, 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 a year with stable pain scores. There was no mention of Tylenol or weaning failure. The continued use of Norco is not medically necessary.