

Case Number:	CM14-0103125		
Date Assigned:	09/16/2014	Date of Injury:	09/22/2008
Decision Date:	11/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 63 year old female with date of injury 9/22/2008. The mechanism of injury is stated as a fall. The patient has complained of shoulder, neck, hip, pelvis and foot pain on the right side as well as low back pain. She has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: pain with internal rotation of the right hip, painful range of motion of the lumbar spine. Diagnoses: osteoarthritis, generalized; degenerative joint disease of the cervical spine, lumbosacral spondylosis. Treatment plan and request: Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg QTY. 45 Refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 63 year old female has complained of shoulder, neck, hip, pelvis and foot pain on the right side as well as low back pain since date of injury 9/22/2008. She has been treated with physical therapy and medications to include opioids since at least 03/2014. The

current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.