

Case Number:	CM14-0120998		
Date Assigned:	08/06/2014	Date of Injury:	06/22/2009
Decision Date:	11/19/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/31/2014

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 Geriatrics, and is licensed to practice in New York. 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 injured worker is a woman with a date of injury of 6/22/09. She was seen by her primary treating physician on 6/30/14 with complaints of low back, left shoulder and bilateral hip pain. Her objective findings showed lumbar x-rays with L3-5 fusion with pedicle screws in good position. There was no physical exam documented. His diagnoses were status post lumbar fusion, left shoulder avascular necrosis, status post left hip replacement / right hip avascular necrosis. Her medications included norco, naproxen, zanaflex and sonata. At issue in this review is the request for norco. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg, days 30, Quantity 120 for weaning off over the next 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. Her medical course has included use of several medications including narcotics, NSAIDs and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 6/14 fails to document any improvement in pain, functional status or discussion side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity for Norco is not substantiated in the records. The requested Hydrocodone/APAP 10/325mg, days 30, Quantity 120 is not medically necessary.