

Case Number:	CM14-0136043		
Date Assigned:	09/03/2014	Date of Injury:	04/16/2010
Decision Date:	10/20/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine, and is licensed to practice in California. 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:

This is a 60-year-old female with a 4/16/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/5/14, the patient has still been having problems with her left hip. She had been previously diagnosed with left hip, greater trochanteric bursitis, per MRI 12/19/11. The hip bursitis is, basically, a consequence of the patient's poor gait that comes from her lumbar spine/sciatic nerve. Objective findings: tenderness over the greater trochanter, straight leg raise positive for sciatica, palpable tenderness along the paraspinous musculature of the lumbar spine with muscle guarding. Diagnostic impression: low back pain, left hip pain, cervical hip pain. Treatment to date: medication management, activity modification. A UR decision dated 7/18/14 denied the request for Norco. There is no documented pain score or functional benefit from its use. There is no recent urine screen to verify compliance.

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 Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 5/325mg #120 was not medically necessary.